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ABSTRACT

Celebrating the 70th anniversary of Bryan Memorial Hospital School of Nursing (BMHSN) and Bryan Memorial Hospital, in Nebraska, this monograph reviews the development and achievements of the school and hospital. Chapter 1 (1900-1919) provides a history of nursing in the early 20th century, while chapter 2 (1920-1929) describes the establishment of the hospital in 1920 and BMHSN in 1926. Chapter 3 (1930-1939) examines the effects of the Great Depression on nursing education in the country, the nursing school, and the hospital, while chapter 4 (1940-1949) discusses the impact of World War II on nursing, focusing on the demands to join the military nursing service and the resulting shortage of nurses. Chapter 5 (1950-1965) highlights developments during the 1950s and 1960s, focusing on the growth experienced by the hospital and school and the development of the associate degree in nursing through the community college. Chapter 6 (1966-1980) reviews the continued expansion of the school in the 1970's and national changes in health care, including the expansion and reorganization of the health care industry. Finally, chapter 7 (1981-1996) discusses the current situation of BMHSN and the impact of legislation governing the hospitalization of Medicare patients, the acute nursing shortage, alternative health insurance plans, and health care reform. Contains 333 references. Data on BMHSN enrollment and finances are included for each chapter. Appendixes provide data on nursing program enrollment in 1911; nursing schools in Nebraska; BMHSN application forms, graduates from 1929-96, and curriculum; and a graduate questionnaire. (TGI)

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A Seventieth Anniversary Publication

Marilyn J. Vontz, Ph.D., R.N.

THE FIRST SEVENTY YEARS

BRYAN MEMORIAL HOSPITAL SCHOOL OF NURSING

and

BRYAN MEMORIAL HOSPITAL

1926 - 1996

A SEVENTIETH ANNIVERSARY PUBLICATION

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The First Seventy Years

**Bryan Memorial Hospital School of Nursing
and
Bryan Memorial Hospital
1926-1996**

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DEDICATION

This history is dedicated to all Bryan students who have studied nursing in the past, to those who are currently enrolled, and to those who will study nursing at Bryan in the future; to the faculty who have helped to shape the professionalism of our nurses; and, most importantly, to our dedicated and distinguished alumni.

PREFACE

A school of nursing which has been in operation for seventy years deserves to be recognized for its past achievements and its ability to withstand numerous changes over a long period of time. It is apropos to acknowledge the School's seventieth anniversary with a written history to commemorate the occasion.

It is appropriate to write a history which may be used as a reference for past events, so that past mistakes are not repeated. History also assists in one's understanding of present situations and allows for speculation and reflection. It can throw light on the origins of persistent issues and conflicts, thereby providing a basis for analysis that can potentially lead to resolution. History opens the door to storehouses of information that can be used to assist with the development of reasoned conclusions about specific phenomena.

Critical thinking cannot help but be fostered and strengthened by the study of history. Not only are facts about the past sought, but one must think about those facts, discover relationships, draw inferences, and even call on the imagination to interpolate certain events. Facts themselves are bare skeletons and a compilation of them alone is a fruitless exercise without discovering what the facts mean (Donohue, 1991).

History helps to show the progression of nursing from a technical-based profession to a scientific, research-based profession. It can be used for future research by helping to verify trends of what has gone on before and allowing a comparison of what has and is currently happening in nursing locally to nursing in the nation and in the world.

Nursing research has the potential to provide a foundation for directing the future movement of the nursing profession. Everything and everyone is in some way related to the past, which subsequently has an influence on the future. By being aware of the past, professional changes can be more wisely determined in the future.

Hopefully, this history of Bryan Memorial Hospital School of Nursing will stimulate further reading of nursing history and allow readers to discover for themselves the fascinating, rich pattern of nursing history and bring to it their own interpretations and understanding.

Donohue (1991) wrote:

"What we are is, in part, only of our own making, the greater part has come down to us from the past. What we know and what we think is not a new fountain gushing fresh from the barren rocks of the unknown at the stroke of our own intellect. It is a stream which flows by us and through us fed by the far off rivulets of long ago. As what we think and say today will mingle with and shape the thoughts of men in the years to come, so, in the opinions and views which we are proud to hold today, we may, by looking back, trace the influence of those who have gone before."

My sincere gratitude to the staff of Bryan Memorial Hospital Public Relations; DeEtta Wilhelm, Bryan Fund Development; and Barb Sommer, Curator of the Fairview Museum, for furnishing valuable historical information. Special thanks to Phylis Hollamon, Administrative Director; to Mary Scully, Coordinator of Student Services; and to Verla Youngquist, Class of 1968, Student Recruiter at Bryan Memorial Hospital School of Nursing for their assistance in helping locate information, which allowed me to piece together the events that influenced the School's progression into the prestigious institution it is today. A big thanks to Margaret Pavelka, Class of 1946 and former Director of the School of Nursing, who was able to clarify many of my questions and graciously provided me with important information. My heartfelt appreciation to Margaret Pavelka and Marjorie Bartels, Class of 1946, who graciously assisted in proofing the text and to Lisa Vonfeldt for editing and preparing the manuscript for publication.

CHAPTER ONE

Nursing in the Early Twentieth Century 1900 - 1919

The history of nursing is a great epic involving trials and triumphs, romance, and adventure. Most importantly, it is the story of an occupational group whose status has always been affected by the prevalent standards of humanity. Nursing has gone through many stages and has been an integral part of societal movements. Nursing has been involved in the existing culture--shaped by it and yet helping to develop it. The great turning points in world progress have also been important turning points in nursing (Dock & Stewart, 1925).

The period from the turn of the century until the beginning of World War I in 1917 was a progressive era--a time of political, economic, and social reform in the cities, the states, and the nation. It began in the 1890s at the local level and reached the national scene with the succession of Theodore Roosevelt as President in 1901. It lasted until the United States entered the First World War in 1917. Progressivism was primarily an urban, middle-class response to the abuses and evils that had sprung up in the wake of uncontrolled industrialization and metropolitan expansion following the Civil War (Kalisch & Kalisch, 1978).

In 1917, amid preparations for war, the Progressive Era came to a close. The reform movement for nursing had largely been muted. The external constraints imposed upon student and graduate nurses had prevented any large-scale alteration of either the educational or the work environment (Kalisch & Kalisch, 1978).

Registration and Licensure

A large proportion of those who were practicing as "nurses" had never received any training, yet there were no legal restrictions against their presenting themselves to the public as fully trained graduates. Legislation to control the practice of nursing and the importance of having well-organized state associations was recognized by a growing number of trained nurses (Kalisch & Kalisch, 1978).

The market was flooded with "nurses" who had been dismissed from schools without graduating, "nurses" from six-week private and correspondence courses, and many who simply called themselves "nurses." When people hired nurses for private duty in their homes, the "nurse" could present an elaborate diploma from a \$13 correspondence course that guaranteed anyone could become a nurse. Nursing's leaders were determined there must be legal regulation, both to protect the public from incompetent nurses and to protect the young profession (Kelly, 1985).

In the United States, licensing was a state function in order to gain the necessary legislative lobbying power. It was recommended that state or local nurses' associations be formed. Many disagreements arose. Who should be eligible for licensure? Should all nurses be included? Should only "qualified" nurses be permitted to belong or only those who had graduated from certain types of schools (Kelly, 1985)?

In 1898, nursing leader Sophia Palmer made the first public statement on the subject of nurse licensure in a paper presented before the New York State Federation of Women's Clubs. The Federation passed a resolution favoring the establishment of a board of examiners chosen by the state society of nurses and recommending that nursing be included in the professions

supervised by the Board of Regents of the State University of New York (Kalisch & Kalisch, 1978).

In 1901, a State Nurses' Association was formed in New York with the primary object of gaining a legal status for the nurse. The first registration law for nurses was passed in America by the state of North Carolina in 1902, with New Jersey following in 1903, and New York following later that year. By 1915, all but six states had registration laws. Until 1920, registration was not compulsory; nurses could choose to take the examination and to be registered. However, most state associations and national nursing associations would not accept unregistered nurses as members. Consequently, they were automatically excluded from everything but private duty (Goodnow, 1938).

State societies were formed to bring a united pressure upon legislatures. They had unanswerable arguments and many obstinate contests were carried on. However, the progress of state registration was surprisingly steady and uniform. A gradual improvement in nursing schools came about through the stimulus given by licensing (Dock & Stewart, 1938).

Nebraska's Association and Registration

Eighteen states had formed associations by the time one was organized in Nebraska (Goodnow, 1938). The extent of territory and comparative sparseness of population in Nebraska made the initial work of organization difficult for the nurses (Dock, 1912). It was an ambitious undertaking to set up a women's organization in 1906, but a small group of Nebraska nurses had the temerity to try it. They sent out 117 letters to graduate nurses inviting them to come to a meeting "for the purpose of considering the question of organizing a state society." Ten nurses responded. Nan Dorsey called the first meeting to order "to arouse nurses' interest in each other and to promote a desire on their part to band together in order to establish nursing as a profession." From that point on, their goal was state registration (Trott, 1956).

In 1907, a public meeting was held and a hundred invitations were sent out to nurses; 24 responded. A committee was appointed to investigate training schools in the state. Annual dues were set at \$2. Affiliation was established with the "The Nurses' Associated Alumnae," forerunner of the American Nurses' Association (Trott, 1956).

A state society, The Nebraska State Nurses' Association, composed of nine graduate nurses was formed in Nebraska in 1906, but not until 1909 was it strong enough to enter the legislative field. When its bill, House Roll No. 70, was presented, it was at once attacked by a faction representing a six-months' commercial course of training. So strong was this hostile force and so sympathetic the legislature toward the opposition, that in order to maintain their position and prevent another group from passing a much worse bill, the nurses accepted weakening amendments. Thus, the bill for registration and licensure was passed. They trusted in time and the growth of popular education to upbuild it in the future (Dock, 1912).

The original Nurse Practice Act was passed in Nebraska in 1909 and went into effect January 1, 1911, with the "grandfather" or waiver clause. At that time, the Department of Nurse Education and Registration was in the Department of Public Welfare (State of Nebraska, 1950).

The American Journal of Nursing was designated as the "official organ" of the State Association. In 1912, the name of the Association was changed to "The Nebraska State Nurses' Association." An inspector of schools of nursing was appointed, and \$100 was voted to defray her expenses (Trott, 1956). The fee for registration was raised from \$5 to \$10 (Simonson, 1944). Due to the efforts of the Nebraska State Nurses' Association, the state arrived at an accredited school system, a system of inspection, and supervision of schools of nursing. They

also won the cooperation of the hospitals, schools of nursing, and the Board of Nurse Examiners (O'Connor, 1935).

Following the formation of the Nebraska State Nurses' Association and the appointment of the State Board of Examiners, constant attempts were made toward forming standards and accrediting schools. Members of the Board visited schools at irregular intervals and offered constructive criticism and helpful suggestions. This contact was a means of bringing about a more friendly relationship and cooperation between the Board and the schools (O'Connor, 1935).

The Examining Board consisted of nurses in Nebraska, while the State Board of Health, of which the Governor was one member, was the supervisory power. It appointed the nurse examiners from an eligible list prepared by the nurses' society. The Board of Health prescribed the duties of the examiners and made regulations under the act. All training schools were inspected annually. Applicants for registration were required to be twenty-one years of age with an education sufficing for entrance to high school and a training school course of two or three years in a hospital, sanitarium, or sanitarium with general service and giving systematic instruction. Graduates came up for registration after taking six months' work in a good general hospital. Seven subjects were specified for examination (Dock, 1912).

Prior to the passing of the Nurses' Bill, House Roll No. 70 in 1909, Nebraska schools of nursing had no governing board or group to whom they could appeal for direction. No course of study and no standards existed. Anyone could conduct a hospital and start a training school. The length of the courses varied from six months to three years. Entrance requirements and the amount of theory given depended upon those in charge of the institutions (O'Connor, 1935).

In 1914, the constitution and by-laws were revised. The main feature of the new law was the higher educational standards which it set. It raised the qualifications for entrance into the training school from education equivalent to that required for entrance into high school to one year high school and the length of the course from "one or two years" to three years (Simonson, 1944).

In 1915, Law Governing Registration of Nurses in Nebraska, Senate File 85, pertaining to the revocation of nursing licenses was issued. The law stated that any certificate issued could be revoked by the Board for Registration of Nurses for dishonesty, gross incompetency, habitual intemperance, immorality, or any act derogatory to morals or standing of the profession. It also warned of the consequences of anyone attempting to practice in the state as a trained, graduate, or registered nurse without a certificate (State of Nebraska, 1915).

An editorial comment in the American Journal of Nursing in 1916 described some of the difficulties facing the Nebraska State Board of Nurse Examiners. The principal point of discussion was the size of the hospital which should constitute an accredited school. Because conditions remained unchanged, it was possible for schools maintained by small, private hospitals with only 6 or 7 beds owned by one or two physicians to be recognized under the law. "The nurses in Nebraska are being thwarted in their efforts to provide people with more competent nurses by the ignorance or political influence of officials who have no knowledge of nursing affairs" (Editorial Comment, 1916).

On August 2, 1919, the Department of Public Welfare took over the nursing records which had previously been kept by the Board of Nurse Examiners. The Nebraska Department of Education, Bureau of Education and Registration for Nurses, assumed responsibility for the registration and licensing of Nebraska's nurses on November 13, 1935 (Nebraska State Historical Society, 1909-1937). In 1919, the requirements were again raised to two years of high school. Inspection of schools were made by members of the Examining Board from 1910-1920 (O'Connor, 1935).

Early Nursing

The lay attendants or nurses in the 1800s, the "Dark Period of Nursing," were illiterate, rough, and inconsiderate; oftentimes immoral and alcoholic. When a woman could no longer earn a living from gambling or vice, she might become a nurse. Many women were elderly with "doubtful pasts." Nurses were drawn from among discharged patients, prisoners, and the lowest strata of society. They scrubbed, washed, cleaned, worked long hours (often 24 to 48 at a stretch), and essentially led a life of drudgery. Pay was poor and supplemented in any way possible. Nurses expected and took bribes whenever they could, sold food to patients, and were often guilty of stealing. There was no social standing associated with nursing, and no one would enter nursing who could possibly earn a living in some other way (Nutting & Dock, 1937).

In the late nineteenth century, not all sick people went to the hospital. Hospitals existed only for the very poor, and no one went into a hospital who could possibly be cared for at home. Respectable people felt it a disgrace to send their relatives to a hospital and thought it cruel (Goodnow, 1938). People did not go to hospitals for medical illnesses, rarely for obstetrics, and not always for surgery. Major operations were often done in private homes (Dolan, 1978). The custom was for the most expert member of the family to care for the person who was ill; this was apt to be the mother or grandmother. Every family preserved and handed down every bit of knowledge of the healing art (Goodnow, 1938).

Private duty nurses were women without formal training because none existed at that time. As young women received such training and acquired special skill in attending the sick, people who could pay for services would demand them. Twenty-four hour duty was the rule for years. Nurses trained in hospitals also did private duty in homes; most of the early graduates entered this field (Deloughery, 1977).

The practice of nursing was not limited to the care of the patient. Job descriptions of the time gave priority to scrubbing floors, dusting, keeping the stove stoked and the kerosene lamps trimmed and filled, controlling insects, washing clothes, making and rolling bandages, and other unskilled housekeeping tasks as well as edicts for personal behavior. Nursing care responsibilities included making beds, giving baths, preventing and dressing bedsores, applying friction to the body and extremities; giving enemas, inserting catheters, bandaging, dressing blisters, burns, sores, and wounds; observing secretions, expectorations, pulse, skin, appetite, body temperature, consciousness, respirations, sleep, condition of wounds, skin eruptions, elimination; and the effect of diet, stimulants, and medications, as well as carrying out any orders of the physician (Kelly, 1985).

Other nursing assignments involved making and applying turpentine stupes to relieve abdominal distention and to encourage peristaltic action. Mustard plasters and poultices made of ginger, onions or flaxseed assisted in drawing out the "laudable pus" from an infection. Carbolic acid gargles were given to patients and, of course, the preparing and giving of numerous enemas, cleansing as well as nutritive, occupied much of the nurse's time and effort. Since intravenous infusions were unknown during this period, nutritional supplementation was achieved by the rectal administration of egg nog with brandy or chicken broth (Dolan, 1978). One of the more interesting treatments was leeching, which included placing leeches, removing them from human orifices where they may have disappeared, and emptying them of excess blood (Kelly, 1985).

Answering patients' questions about their condition or planning a program of teaching them about their health needs was not permitted. Nurses were instructed to answer briskly, "I don't know, ask your doctor." This lowered the status of the nurse and prevented health teaching (Dolan, 1978). A 1901 editorial in the Journal of the American Medical Association said, "The

usefulness of the nurse is and always will be gauged by her faithfulness as a subordinate intelligently carrying out the directions of the physician...." (Dock, 1912).

The following job description of a hospital nurse at the turn of the century vividly underlines just how arduous, task-oriented, and regimented nursing was:

In addition to caring for your 50 patients, each bedside nurse will follow these regulations: Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business. Light is important to observe the patient's condition. Therefore, each day fill the kerosene lamps, clean chimneys and trim wicks. Wash the windows once a week. The nurse's notes are important in aiding the physician's work. Make your pens carefully. You may whittle nibs to your individual taste. Each nurse on day duty will report to duty every day at 7 A.M. and leave at 8 P.M., except on the Sabbath, on which day you will be off from 12 noon to 2 P.M. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes, or two evenings a week if they go to church regularly. Each nurse should lay aside from each pay day a goodly sum of her earnings for her benefits during her declining years so that she will not be a burden. For example if you earn \$30 a month, you should set aside \$15. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions, and integrity. The nurse who performs her labors and serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of five cents a day, providing there are no hospital debts that are outstanding (Kalisch & Kalisch, 1978).

Employment open to the new graduate during this period was hospital work, private duty, and visiting or district nursing. Graduates were employed in the hospital as superintendent and assistant superintendent of nurses, operating supervisors, and night supervisors. Usually the head nurses were students. Doctors gave lectures and the superintendent of nurses conducted most of the classes in the sciences and nursing arts (Dolen, 1978).

In 1917, the charges of private duty nurses in Nebraska were standardized and distributed in printed form. The fee for one patient was \$25 per week for a seven-day week and a 22-hour day (Trott, 1956).

Nurse Training and Education

As early as 1876, doctors began to take alarm at the training of nurses and to see in it danger. Considerable medical journal space was devoted to physicians who objected to so much education, "the over-trained nurse":

We have never been able to understand what great good was expected from imparting to nurses a smattering of medicine and surgery. To feed their vanity with the notions that they are competent to take any considerable part in ordering the management of the sick is certainly a most erroneous step. The work of a nurse is an honorable "calling" or vocation, and nothing further. It implies the exercise of acquired proficiency in certain more or less mechanical duties, and is not primarily designed to contribute to the sum of human knowledge or the advancement of science....

A New York newspaper editorial proclaimed, "What we want in nurses is less theory and more practice" (Kelly, 1985).

However, in the late nineteenth century, the medical profession of America went on record as favoring nurses' training. An appointed committee to look into the matter reported: "There is a marked diminution of mortality in hospitals where nursing is done by trained women, a decided decrease in expenditure, and a great improvement in the moral character of the patients." They recommended that every large and well-organized hospital should establish a school to train nurses for both hospital and private work. Yet, for many years there remained a considerable number of doctors who opposed anything but a very elementary training for nurses (Goodnow, 1938).

The first schools of nursing in the United States were patterned after the system Florence Nightingale began in England in the mid-nineteenth century. It was with difficulty that hospitals were persuaded to accept this new concept of education for nursing or to permit their facilities to be used for educational purposes. Hospitalization in those days was limited to the indigent only, for serious infectious cases, or as a last resort in extreme illness. Nurses were employed more on the basis of servants than nurses, and their services were often supplemented by women prisoners who were given the choice of serving their sentences in the workhouse or in a hospital (Anderson, 1950).

The pattern in America was for hospitals to support and control schools of nursing, whose main focus of interest and concern must always be the care of the patients. It was within this setting that diploma programs, the oldest form of nursing education in the United States, developed (Deloughery, 1977).

It was promptly discovered that students in training were not only more easily disciplined and controlled but were cheaper and more satisfactory than hired nurses. Many small, private hospitals, where it was impossible to give adequate training or experience, started nursing schools in the late nineteenth and early twentieth centuries. At the turn of the century there were 400 nursing schools in the United States, and by 1909, there were 1105 hospital-based diploma schools of nursing (Jensen, 1959).

Senior students were sent into the community as private duty nurses, and in periods of financial crises, all members of the senior class were on private duty. Only the less experienced students were available for care to hospitalized patients. The fee obtained from caring for patients in their homes went into the school treasury (Dolan, 1978). In 1920, due to the high cost of living, fees for private duty nursing were raised from \$4 to \$6 per day. The salary of a graduate nurse floor supervisor was about \$65 per month, plus maintenance (Trott, 1956).

The custom of sending out undergraduates to private duty was early discredited by American superintendents and alumnae societies.

....The argument of beneficial experience to the pupil sent to private cases is really a plea that the student can teach herself nursing, and yields the whole case to the correspondence schools, whose claim it also is that with theoretical information given, the pupil can go into homes and teach herself. The considerable sums of money earned for hospitals by this custom give it tenacity.

Even as late as 1911, it was estimated that about 300 training schools in the United States sent pupils out to earn this money (Dock, 1912).

By 1911, about 40 percent of the training schools demanded completion of four years of high school for entrance. The schools making such a requirement dropped to 28 percent during the years between 1911 and 1918 due to the urgent demand for student nurses. As a result,

many students were allowed to enter and graduate who were unqualified in ability and education. In 1918, 12.1 percent of nursing schools in the United States required one year of high school; 16.5 percent required two years; .6 required three years; and 28.1 percent required a complete high school course (Brown, 1940).

The first year of the two-year program provided experience in patient care, and the second year included ward administration as well as the instruction of new students. This type of "training" was not comparable to good apprenticeship working with a "master." Their experience was considered learning "by doing" -- at the patient's expense (Dolan, 1978).

In the teens and twenties, the length of the average school of nursing was three years. The preclinical period that extended over four to six months was devoted to classroom work such as anatomy, physiology, hygiene, bacteriology, chemistry, dietetics, materia medica, and the principles and practice of nursing. A relatively small number of hours weekly was given to formal instruction, and attention was centered on the clinical experience gained through the nursing of patients under the direction of supervisors and head nurses. When too few services were available to prepare the prospective nurse, the students were sent to another institution for a specified period (Brown, 1940).

In 1917, the Committee on Education of the National League of Nursing Education first published its curriculum for schools of nursing. There were detailed suggestions about the proportion of theory to practice, the subjects that should be taught and the time allotted to each, the types of clinical instruction necessary for basic training, and methods for securing the variety of practical experience (Brown, 1940).

In 1911, there were 17 nursing programs in Nebraska: nine in Omaha, one in South Omaha, three in Lincoln, one in College View, one in Beatrice, one in Fremont, and one in Kearney. Nine were two-year programs and eight were three-year. In 1914, St. Catherine's in Omaha and David City General in David City were added. The Orthopedic Hospital in Lincoln and the Nebraska State Hospital were approved with the stipulation that the students would have six months' experience in a general hospital. In 1916, temporary approval was given to Mennonite Deaconess Hospital School, Spencer Hospital, Norfolk General, and to Many Lanning Hospital. R Lutheran Hospital in York was approved in 1917. In 1918, the University Hospital in Omaha was approved for affiliation, and Lincoln Hospital and Norfolk City Hospital were conditionally accredited. The Lincoln Sanitarium and Dr. Campbell and Baber Hospital in Norfolk were also approved in 1918 (Exstrom, 1990). A list of Nebraska training schools during this period may be found in Appendix A.

Nursing Leadership

There were many nursing leaders in the early twentieth century who impacted nursing as we know it today. Isabel Hampton Robb (1860-1910) was an outstanding leader in nursing and nursing education. She was one of the founders of The American Journal of Nursing, and authored many nursing textbooks. She took an active part in nursing organizations and supported nurse licensing examinations and registration (Dolan, 1978).

Mary Adelaide Nutting (1858-1948) was one of the nursing leaders who worked arduously for reform in nursing education (Kelly, 1985). In 1907, Miss Nutting became the first professor of nursing in the world at Teachers' College, Columbia University. She helped to raise the standards of basic nursing education; assisted in the establishment of nursing organizations; preserved the past in the four-volume History of Nursing written with Lavinia Dock; encouraged provision for financial support for schools of nursing; developed programs at Teachers' College

for nurses in teaching, public health, supervision, and administration; and coordinated nursing services during World War II (Dolan, 1978).

Isabel M. Stewart (1878-1963) was an outstanding leader in nursing education and an authority on the history of nursing. She authored the Education Status of Nursing and the Education of Nurses and influenced the thinking of nursing leaders here and abroad (Dolan, 1978). She was the first nurse to receive a master's degree from Columbia University and in 1916, she became the first editor of The American Journal of Nursing (Deloughery, 1977).

One of the great women in nursing history who contributed to the improvement of the status of women and was active in many social welfare movements was Lavinia L. Dock (1858-1956). She wrote Textbook on Materia Medica for Nurses (Dolan, 1978). She spoke out on male dominance in the health field and the long-term effects that oppression had on women. She was the founder of the American Nurses' Association and the first secretary of the National League for Nursing (Deloughery, 1977).

Melinda Ann (Linda) Richards (1841-1930) has been called "America's first trained nurse." She was superintendent of New York's Bellevue Hospital and Boston Training School (Dolan, 1978). She instituted the system of keeping written records and orders and was one of the first nurse pioneers in mental hospitals. Through her efforts nursing uniforms were introduced (Deloughery, 1977).

Mary Eliza Mahoney (1845-1926), America's first black nurse, graduated from a 16-month course at the New England Hospital for Women and Children (Dolan, 1978). American-Negro nurses were in the beginning subjected to the most cruel oppression, and Negro applicants to training schools were barred from most hospitals. She gave devoted service to her patients and the nursing profession did much to further intergroup relationships (Deloughery, 1977).

One of the pioneer leaders who actively helped nursing develop from an apprenticeship to a profession was Annie W. Goodrich (1876-1955). She held important administrative positions in hospitals and schools of nursing and was director of the Visiting Nurse Service of the Henry Street Settlement. She was president of the International Council of Nurses, dean of the new school of nursing founded at Yale University, and dean of the Army School of Nursing when it was organized as a war measure in 1918 (Deloughery, 1977). The work centered in Army hospitals with affiliations in civilian hospitals. The course lasted three years and was designed to be a permanent organization (Dolan, 1978).

Mary Sewell Gardner (1871-1961) was one of the most outstanding nurses in the history of public health nursing. She is best known for her influence on the development of the National Organization for Public Health Nursing. Her book, Public Health Nursing published in 1916, became a classic (Deloughery, 1977).

Nursing Publications

As soon as the early nursing leaders began to meet and discuss the need for national organizations, the need for a representative nursing journal was recognized (Deloughery, 1977). In the United States, the first publication edited by a nurse was a little monthly called The Nightingale (1886). It died for lack of support in 1891 (Dock & Stewart, 1938).

The Trained Nurse and Hospital Review was established in 1888 and appeared monthly for more than 70 years. It was the first nursing and hospital journal of national circulation in this country and was valuable for its pioneer work (Dock & Stewart, 1938). In 1889, it combined with the Journal of Practical Nursing (Goodnow, 1938).

The Pacific Coast Journal of Nursing was established in 1904, and the Public Health Nurse (formerly the Visiting Nurse Quarterly) was established in 1909 and is now called Public Health Nursing (Goodnow, 1938).

Oldest of the nursing periodicals now in existence and first started by and for nurses, the American Journal of Nursing, first appeared in October, 1900, and has been published monthly since. The American Journal of Nursing is the professional journal of the American Nurses' Association (Kelly, 1985). Miss Sophia Palmer was the founder of the Journal and its editor until her death (Goodnow, 1938). The Journal was designated as the official organ of The Nebraska State Nurses' Association in 1912 (Trott, 1956).

The Nursing Education Bulletin, published irregularly by a group of New York nurses began in 1908. The National News Bulletin, sponsored by the Colored Graduate Nurses' Association, began publication in Virginia in 1928 (Sellew & Ebel, 1955).

Nursing Organizations

While developments in nursing education and service were progressing, American nurses had been organizing themselves in professional groups. In 1899, graduates of the Bellevue Training School formed an alumnae association, a plan soon followed by other pioneer schools (Stewart & Austin, 1962).

Isabel Hampton was the first nurse in the New World to propose the idea of a national nurses association. She met with nurses from Canada and the United States in 1893, and soon The American Society of Superintendents of Training Schools for Nurses was launched. By 1896, this group created the Nurses Associated Alumnae of the United States and Canada and elected Mrs. Isabel (Hampton) Robb as their first president (Stewart & Austin, 1962). Mrs. Robb suggested the organization should have its own official magazine; thus, the American Journal of Nursing was founded in 1900 (Goodnow, 1938).

The Canadian nurses withdrew from the Associated Alumnae about 1900, but many remained as members of the Superintendents' Society until 1907. The Society continued to devote its efforts to educational advances and in 1912 changed its name to The National League of Nursing Education. This organization is thought to have been the greatest single force for educational progress in nursing in the United States (Dock & Stewart, 1938).

The Associated Alumnae grew rapidly, and it also outgrew its rules. In 1911, its name became the American Nurses Association (Dock & Stewart, 1938). In 1922, there was a membership of 40,000 and in 1930, there were 100,000 members, making it the largest professional woman's organization in the world. In 1930, it voted to admit properly trained men graduates (Goodnow, 1938).

A third national association came into being in 1912, the National Organization for Public Health Nursing. Miss Lillian D. Wald was its first president (Dock & Stewart, 1938). Its task was getting together the increasing numbers of nurses doing community health work, establishing standards for them, arranging courses in preparation for the work, and inspiring the individual worker and interested societies (Goodnow, 1938).

In 1932, the American Nurses Association and National League of Nursing Education voted to make the National League of Nursing Education the Department of Education of the American Nurses Association. Membership in the League was for nurse educators (Dolan, 1978).

The Guild of St. Barnabas for Nurses was organized in 1886, as an outgrowth of the English society of the same name. It was a religious society with social features and had about 2,000 members (Goodnow, 1938).

The United States was the thirty-second country to enter the Red Cross. In 1881, Miss Clara Barton, who without training nursed in the Civil War and saw the work of the Red Cross in the Franco-Prussian War, organized the Red Cross Committee in Washington. For many years, she was the head of the American Red Cross Society. The Red Cross Nursing Service admitted only fully trained, registered nurses who had experience and were endorsed by their own schools. They were on call for military or disaster service and comprised the reserve of the Army and Navy Nurse Corps. Miss Jane A. Delano was chairman of the Red Cross Nursing Service from 1909 until her death in 1919 (Goodnow, 1938).

In 1912, the Red Cross established a nursing service for rural districts and called it the Red Cross Town and Country Nursing Service. Its purpose was to provide nurses for the sick, teach sanitation and hygiene in homes, and to endeavor to improve living conditions in the small villages and on the lonely farms of the country. It was later known as the Public Health Nursing Service of the Red Cross (Pavey, 1937).

The International Council of Nurses, the oldest international organization of professional workers, was organized in 1900 (Sellew & Ebel, 1955). For many years, Miss Lavinia Dock of New York City was secretary (Goodnow, 1938).

The United States Army Nurse Corps was created by an Act of Congress in 1901, but no rank was given to its members (Dock & Stewart, 1938). After America entered World War I in 1917, the number of members increased rapidly until it reached 10,000. The Army School of Nursing began in 1918 during World War I as a war measure by Miss Annie Goodrich. Its first graduating class in 1921 numbered 500, the largest class of nurses ever graduated at one time in the world's history. The school was discontinued in 1932 for economic reasons (Goodnow, 1938).

The National Association of Colored Graduate Nurses was organized in 1908 because of a need to break down discriminatory practices facing black nurses as well as to foster leadership in the membership (Dolan, 1978).

The Navy Nurse Corps was established in 1908, but it was not until 1920 that the first navy nurses were assigned to serve aboard a hospital ship, the USS Relief. Most of the actual nursing in the Navy was done by hospital corpsmen, who were required to take at least six months' training. This meant that Navy nurses supervised and taught rather than cared for patients (Goodnow, 1938). They were designated as neither officers nor enlisted men, but they had military status. The official establishment of the Army and Navy Nurse Corps was an important step in the professionalization of nursing. For the first time, two large nursing services were staffed entirely by graduate nurses (Kalisch & Kalisch, 1986).

Of the associations formed, it may be said they helped to promote high professional ideals. With the establishment of state regulations, national associations exerted great influence in maintaining standards and fostering international cooperation (Seymer, 1933).

Types of Nursing

Private duty nursing done by student nurses was common during this period. Students were sent from the hospitals to homes to care for the well-to-do patients who paid the hospital for their services. Visiting nursing associations were formed in Boston, Philadelphia, and Chicago in the late 1880s (Dock & Stewart, 1938). After 1905, there was a rapid growth in the field consistent with that which took place in social work in general; social work was developing as a profession and courses were offered in the field by many of the leading universities (Sellew & Ebel, 1955).

Much of public health and social service dated back to the first American settlement. The "settlement" was started by the English many years before. Miss Lillian D. Wald, an American nurse, and her friend, Miss Mary Brewster, settled in a poor neighborhood on Henry Street and gave their lives to improving conditions of the poor, improving poverty and misery. Miss Wald was the first well-known public health nurse in the United States. The first nursing settlement in America, known as the Henry Street Settlement, was founded by Miss Wald in 1893, and became the clinical setting for training students in social work from Columbia University and other educational institutions (Deloughery, 1977).

In 1902, Miss Wald also introduced in New York City a plan for school nursing she had observed in London. During the trial period, she succeeded in having a staff of school nurses appointed by the City Health Department. The staff grew and covered all the public schools of the city. In a short time, the plan spread to other states and countries (Stewart & Austin, 1962).

Home nursing was provided by several religious communities. Several communities dedicated themselves entirely or partially to nursing the sick in their homes: The Daughters of St. Francis of Assisi, The Dominican Sisters of the Sick Poor, Sister Servants of Mary, and The Nursing Sisters of the Sick Poor (Sellew & Ebel, 1955).

Home nursing provided by life insurance companies was begun in 1909 by the Metropolitan Life Insurance Company when arrangements were made with the Visiting Nurses' Association to provide home nursing services for its policy holders. The experiment proved so successful that the company established its own service. Its plan was subsequently copied by other insurance firms (Sellew & Ebel, 1955).

The Red Cross Town and Country Nursing Service, formerly called Rural Nursing Service, reached vast neglected areas of the country, met a very great need, and developed into an important work. The name was later changed to the Public Health Nursing Service of the Red Cross (Dolan, 1978).

Industrial nursing, which had its origin at the end of the last century when some manufacturers employed nurses to visit sick employees, was stimulated by the war effort. The usefulness of nurses within industrial plants was discovered, and by World War I the employment of nurses in industry was quite common (Deloughery, 1977). The first industrial nurses in the United States were Ada Stewart and Anna Duncan (Sellew & Ebel, 1955).

The first schools of nurse anesthesia were organized in this country about 1910. The professional organization is the American Association of Nurse Anesthetists and is open to all qualified nurse anesthetists (Deloughery, 1977).

In 1911, Bellevue Hospital founded a school of midwifery to help care for the 40,000 mothers per year in New York who were assisted in delivery by untrained women. Frontier Nursing Service, the first service in this country, was organized by Mary Breckinridge, who had organized public health nursing in France (Dolan, 1978).

Wars and Epidemics

The Spanish-American War of 1898 lasted less than a year but was responsible for considerable loss of life. The Army was completely unprepared for it, and the hospital corpsmen less ready to cope with the sick and wounded. Tropical diseases with epidemic diseases often caused ten times more deaths than bullets. Thirty percent of the soldiers who left the camps in the South to fight in Cuba became ill from malaria, dysentery, and typhoid. Army surgeons objected to the presence of trained women nurses, but their efforts to recruit male nurses were unsuccessful, because glory, rank, and decent salary were lacking. Consequently, nursing was done by the dregs of the infantry squads. Finally, with serious outbreaks of typhoid killing the

enlistees, women nurses from many training schools took over, wearing their own school uniform and cap. The conditions under which the soldiers and sailors were cared for and the nurses worked were horrendous (Kelly, 1981). As a result of this war, trained nurses were accepted for the first time in military hospitals, and thereby became forerunners of women in the armed forces (Kalisch & Kalisch, 1978).

A shot fired on June 28, 1914, in Sarajevo, Serbia, killing the Archduke and his wife, was the precipitating factor that ultimately forced the entrance of almost all of Europe and the world into a long and terrible war which continued until June, 1918 (Donahue, 1985).

When the United States entered the war in April, 1917, the Red Cross Nursing Service became the reserve of the Army and Navy (Dolan, 1978). World War I created a large demand for nurses and taxed the medical and nursing resources of the entire world. Warring countries faced extreme shortages of physicians, nurses, medical supplies, and other resources for adequate health care (Donahue, 1985). Even with patriotic fervor generated by the war, it was not easy to entice young women into nursing. High school students objected to the life of drudgery, strenuous physical work, poor education, severe discipline, lack of freedom and recreation, and what they saw as limited satisfactory options of employment (Kelly, 1985).

Nebraska nurses were torn between loyalty to home and hospital and a sense of patriotic duty to volunteer for overseas service. The Red Cross was calling nurses for service and organizing base hospitals for overseas service (Trott, 1956). At a meeting of the State Association in 1917 after the onset of the war, nurses who were not members of base hospital units were urged to consider opportunities in the Naval Reserve. Many Nebraska nurses enrolled in the Red Cross Nursing Service, which constituted the reserve for the military. Registries reported the demand for nurses greater than the supply (Nebraska Nurses' Association, 1981).

Recruiting efforts were stepped up to attract educated women into nursing and to encourage schools of nursing to increase their capacity. Schools did increase their capacity approximately 25 percent, and the pressure of the war brought about some education changes. Even though male nurses volunteered, they were usually put in fighting units and their nursing skills went unused (Kelly, 1985).

As the war progressed, it was apparent that the supply of nurses was insufficient to meet both civilian and military needs. It was recommended by medical, hospital, and lay persons that the admission and graduation requirements of schools of nursing be drastically reduced and legal requirements waived. To counteract these proposals, M. Adelaide Nutting, Annie Goodrich, and Lillian Wald met and formed the National Emergency Committee on Nursing on June 14, 1917. The purpose of the committee was "to develop the wisest methods of meeting present problems connected with the care of the sick and injured in hospitals and homes; the educational problems of nursing; and the extraordinary emergencies as they arise" (Donahue, 1985).

In 1918, an epidemic of influenza reached France, the United States, and other parts of the world. It was the worst epidemic of influenza ever known in the United States. From September, 1918, to August, 1919, the United States experienced the highest death rate in its history. Ninety-two percent of all deaths were directly attributable to influenza and pneumonia. The movement of troops and mingling of people from home and abroad facilitated the spread of the highly virulent strain of influenza (Kalisch & Kalisch, 1978).

Tuberculosis increased in all warring nations and scarcity of food resulted in the death of many thousands. The lack of essential food elements caused widespread malnutrition, especially among children (Sellew & Ebel, 1955).

Some nurses were seriously wounded during enemy action and were kept in infirmaries or evacuated to the United States. Few hospitals did not lose one or more of its nurses by death.

Hospitals in the United States were equally short of nurses, and the surgeon general authorized units to employ nurses for the influenza emergency (Fitzpatrick, 1983).

Student nurses of World War I carried the nursing load in hospitals at home working fifty-six or more hours per week of day duty. Because of the shortage of graduate nurses for supervision and teaching, relative little theory was taught and even less ward instruction. Senior nurses were often placed in charge of the wards. Students bore the brunt of the flu epidemic and many contracted the disease (Sellew & Ebel, 1955).

After the Armistice was declared on November 11, 1918, reconstruction had to begin immediately. Many civilians suffered from diseases caused by war conditions: malnutrition and tuberculosis, social and health problems of orphans and refugees, rehabilitation of the disabled, and care of patients in army hospitals (Sellew & Ebel, 1955).

Many students who had entered nursing solely because of patriotic appeals left training immediately after the Armistice. The problem of caring for the civilian sick, therefore, was worse in the winter of 1918 than during the war (Sellew & Ebel, 1955). Nebraska nurses who had been in the military came home. Rural public health nursing was a new interest. Red Cross Chapters with funds left from wartime activities were encouraged to employ rural public health nurses for community work. The Red Cross offered scholarships and loans to make it possible for interested nurses to take public health training. Many Nebraska nurses took advantage of this opportunity (Trott, 1956).

The World War interrupted and disorganized all life, especially nursing, but it gave many women an understanding of nursing and an interest in it. The government more than ever before realized the value of well-trained nurses and more freedom for nurses resulted from the war. The rigid discipline was relaxed, less menial work was required, hours of duty were shortened, sports for nurses were encouraged, periods of night duty were shortened, and somewhat better salaries were given. More schools gave preliminary courses, affiliations became common, and higher education began to be emphasized (Goodnow, 1938).

Legislation, Studies, and Committees

At the first meeting of nurses in this country in 1893, the discussions centered around the recognized need for universal educational standards in nursing. The first state licensing law was passed in the United States in 1903, but no attempt was made to define and control the practice of nursing, but only to distinguish between those practitioners who met the standards of training of the state licensing board who were entitled to call themselves Registered Nurses. This resulted in the up-grading of programs of education by licensing boards (Anderson, 1950).

The first comprehensive, critical survey of schools of nursing in the United States was the Education Status of Nursing in 1912. It was sponsored by the Federal Bureau of Education and directed by M. Adelaide Nutting, who developed the questionnaire and interpreted the data. As a result of the survey, several recommendations were offered: standards of nursing schools be raised; schools of nursing secure financial independence; and schools become educational institutions in fact, not just in name (Donahue, 1985).

As early as 1913, the Rockefeller Foundation established an International Health Commission as a result of the work of the Rockefeller Sanitary Commission created in 1909 for the eradication of hookworm in the United States. Its basic policy was that community health is a function of government and that long-term, effective results can be achieved only as countries are helped to help themselves by developing national and local health agencies on which to build the future (Rosen, 1958).

In 1915, Dr. Abraham Flexner read a paper before the National Conference of Charities and Correction in which he set down certain criteria that have since formed a basis for judging whether an occupation has attained professional status. According to his interpretation of the professions, (1) they involve essentially intellectual operations accompanied by large individual responsibility; (2) they are learned in nature and their members are constantly resorting to the laboratory and seminar for a fresh supply of facts; (3) they are not merely academic and theoretical, but are definitely practical in their aims; (4) they possess a technique capable of communication through a highly specialized educational discipline; (5) they are self-organized, with activities, duties, and responsibilities which completely engage their participants and develop group consciousness; (6) they are likely to be more responsive to public interest than are unorganized and isolated individuals; and (7) they tend to become increasingly concerned with the achievement of social ends. There were marked differences of opinion as to whether nursing could meet these criteria. Dr. Flexner believed that the chances of securing women with these qualifications would improve as the status of nursing was raised (Brown, 1940).

Standardization of the course of study for nursing was given little attention until 1917. In that year the Committee on Education of the National League of Nursing Education first published its Standard Curriculum for Schools of Nursing. It was prepared under the leadership of Adelaide Nutting and Isabel Stewart. It offered a program that the League recommended as the foundation for building nursing education. Suggestions included the proportion of theory to practice, the subjects that should be taught and the time allotted to each, the types of clinical instruction, and methods that may be utilized for securing the needed variety of practical experience. The book was prepared in the hope of stimulating the schools to introduce more basic theory into their curriculums (Brown, 1940). It had been hoped that through this guideline the wide diversity of standards would be overcome, and that it would also supply a basis for appraising the value of widely different systems of nurse training (Kalisch & Kalisch, 1978).

In 1917, a Committee on Nursing was appointed in the General Medical Board of the Council of National Defense with Adelaide Nutting its chairman. The Committee discussed measures to relieve the shortage of nurses caused by the war and later by the extensive public health nursing activities. This involved the subject of the content of nurses' training (Goodnow, 1938).

In 1918, Adelaide Nutting attempted to secure an endowment from the Rockefeller Foundation for her alma matre, Johns Hopkins' School of Nursing. She stressed the need for improvements in the education of public health nurses. The meeting resulted in the appointment in January, 1919, of the Committee for the Study of Nursing Education, which was to investigate "the proper training of the public health nurse." The Rockefeller Foundation provided the financial support for the study. Josephine Goldmark, social worker and author, was placed in charge of the research (Kalisch & Kalisch, 1978).

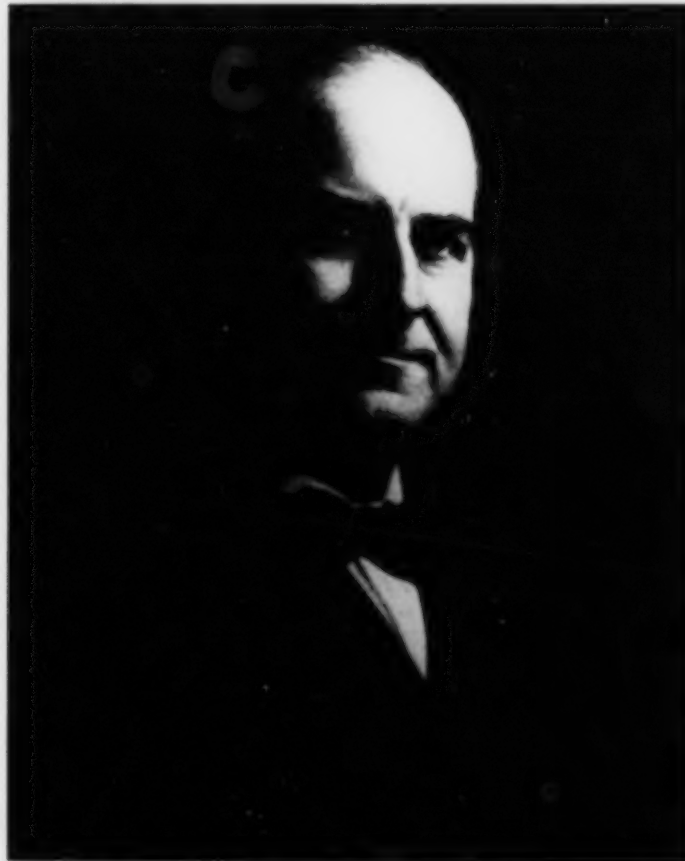
The happenings and events of the early part of the century were crucial to the future of the nursing profession as well as to the establishment and development of Bryan Memorial Hospital School of Nursing.

CHAPTER TWO

A Legend Begins--A School is Born! 1920 - 1929

William Jennings Bryan

One of Lincoln's most prominent citizens, William Jennings Bryan, was born in Salem, Illinois, on March 19, 1860. He was one of nine children born to Silas Lillard and Mariah Elizabeth (Jennings). He was indoctrinated with Christianity and saw it as his Christian duty to do good. His father, a judge, was a devout Baptist. He was reared on a farm, and his mother educated Bryan at home until he reached ten years of age when he became a public-school pupil in Salem. He became interested in the work of literary and debating societies. His interest in politics was first aroused in 1871 when his father was a candidate for Congress. At 15, he entered Whipple Academy, Jacksonville, Illinois, preparatory school of Illinois College. After Whipple Academy, he entered Illinois College and after graduation attended Union College where he won numerous oratorical contests. He graduated with honors in 1881. He practiced law in Jacksonville the following three years (Sawyer, 1916).



William Jennings Bryan, 1860-1925

On one occasion Bryan visited a classmate, A. R. Talbot, in Lincoln. He was so impressed with the city that he was determined to move to the prairie capital. He arrived in 1887 and established a law practice at 12th & O, surviving on a scant income (McKee, 1984).

During his college days, Bryan met Miss Mary Elizabeth Baird, who was attending a "Young Ladies' Seminary" in Jacksonville. It was love at first sight when they met, and on October 1, 1884, they were united in marriage (Bryan Memorial Hospital School of Nursing, 1941-1942). Her wedding ring was inscribed, "Won, 1880--One, 1884" (Winkelman, 1974). Mary Baird Bryan studied law and later was admitted to the Nebraska bar. She chose not to practice law, but to help Bryan. The Bryans had three children: Ruth Baird Bryan (October 2, 1885); William Jennings Bryan, Jr. (June 24, 1889); and Grace Dexter Bryan (March 17, 1891) (Sawyer, 1916).

Soon after his arrival in Lincoln, Bryan became actively associated with the Democratic Party in Nebraska. In 1890, he was Nebraska's first Democrat elected to the U.S. Congress, where he served two terms. From September, 1894, until the National Convention in 1896, he was chief of the editorial staff of the Omaha World-Herald and devoted part of his time to journalism (McKee, 1984).

In 1896 at the Democratic National Convention, his famous "Cross of Gold" speech so stirred the delegates that he was nominated for the Presidency a day later. He soon became known as the "silver-tongued orator." He conducted the nation's first "whistle-stop campaign." He talked to hundreds of thousands of people, but was defeated by William McKinley, Republican candidate. In 1900, he was nominated by the Democratic Party and McKinley was again the successful candidate. Bryan's third nomination for the presidency came in 1908, but Howard Taft won the election (McKee, 1934).

Bryan engineered Woodrow Wilson's nomination for president in 1912, and in 1913 President Wilson appointed him Secretary of State. The Bryans moved to Washington, and in 1915 he resigned over what he perceived as the United States' march toward war with Germany (Sawyer, 1916).

In 1901, Bryan began the publication of a weekly newspaper he called The Commoner and from that time on, he was referred to as "The Great Commoner." Publication was discontinued some years later when Bryan moved his residence to Florida (McKee, 1984). In 1969, Bryan Memorial Hospital began a publication and named it the Commoner, which continues to be published at the present time.

From 1897 until his death, Bryan spent several months each year on the lecture platform. He had become a well-known orator and was much sought after on the Chautauqua circuits. He was the most popular and highest priced speaker in the world commanding a minimum of \$1,000 per appearance (McKee, 1984).

As orator, statesman, writer, and political leader, Bryan lent dignity to the common man and championed his cause. Noted for his great sincerity and unblemished character, he was always an idealist and reformer, and as such he enjoyed a respected position in the history of American politics (Bryan Memorial Hospital School of Nursing, 1941-1942).

Fairview

Bryan felt that his modest home at 1625 D Street was not suitable for a potential U.S. President. In 1885, he purchased five acres of land three miles southeast of downtown Lincoln for \$250 an acre. He began planning "Fairview," which he envisioned as the "Monticello of the West" (McKee, 1984). In 1897, he purchased an adjoining 20 acres at \$100 per acre and began planting an orchard and shade trees. Another 10 acres were added in 1901, on which stood a one and one-half story wood frame farmhouse, barn, and windmill. In 1905, a fire destroyed the

farmhouse. By 1908, the farm consisted of 160 acres. Later purchases brought the total to an estimated 350 acres (Winkelman, 1974).

Construction of Fairview began in the spring of 1902 and was not completed until 1903. Fairview cost about \$17,000 and was financed by earnings from Bryan's book about the 1896 presidential campaign, The First Battle. Bryan made his fortune through his publications, books, editorials, syndicated articles, The Commoner, and particularly through his lectures (Winkelman, 1974).

The lower level of Fairview served as the family's main living area and included the kitchen, pantry, dining room, Bryan's study, storage rooms, and furnace. The first floor housed a large central reception hall, front parlor, library, back parlor, curio room, bath and bedroom. The master bedroom and dressing room, three additional bedrooms, a bath and tower room were on second floor. Fairview was among the few houses in Nebraska at that time to be equipped with electricity and running water. Bryan accepted the Democratic Party's presidential nomination on the front steps of Fairview in 1908. It was at Fairview that Bryan relaxed with his family, inspected his crops, fed his chickens, and rode his favorite horse (Winkelman, 1974).



Fairview
Nurses' home from 1926 until the late 1960s.

A Methodist Hospital in Lincoln

For a long time, the members and friends of the Lincoln Methodist Hospital had felt the need for a high class up-to-date Protestant hospital in the city of Lincoln. Meetings were held at various times for many years where the project was discussed (How the Hospital Plan Developed, 1926). The Catholics had 13 hospitals in Nebraska at that time and the Methodists only two. In Lincoln, the Catholics had a hospital with more beds than did the Methodists in all of Nebraska (United Methodist Church, 1924).

The idea of a Protestant hospital in Lincoln first developed when a group of ministers and laymen met on November 16, 1920. The original articles of incorporation were filed December 14th of that year. The original board of directors were chosen at the Nebraska Annual Conference September 26, 1921 (Dean, 1927). Mr. A.R. Talbot, Bryan's former law partner, became president in 1922. The initial building was to be located on the southwest corner of Thirty-third and Randolph Streets in the spring of 1922 (Bryan, 1936).

The Bryans, who were Presbyterians, had worshipped at the Methodist Church at Normal during the occupancy of their home in order to become better acquainted with their neighbors (Bryan Memorial Hospital, 1946; Bryan Memorial Hospital, 1980s). The little church was about a mile from Fairview. Bryan taught the Bible class and daughter, Ruth, had charge of the primary department (Bryan Credited with Many Charitable Acts, 1926). In 1921, the Bryans moved to Miami, Florida, because Mary Bryan's health demanded a warmer climate (Bryan & Bryan, 1925).

Bryan learned of plans to build a Protestant hospital in Lincoln from A.R. Talbot. When the request of the Methodists for property to be used for hospital purposes was communicated to Bryan in Florida, he wired his brother, Charles, to execute the necessary deeds (Bryan Memorial Hospital, 1946).

In June 1922, the Bryans donated Fairview and 10 acres surrounding it to the Lincoln Methodist Hospital. The deed was filed on July 14, 1922, and the only restriction placed on it was that Fairview and the one acre on which it was located was never to be mortgaged (Warranty Deed, 1922). The name of the hospital was later changed to Fairview Methodist Hospital (Bryan Memorial Hospital, 1992).

Upon receiving the Bryan property, the Thirty-third Street property was sold. On March 27, 1925, an additional five acres, planned at the time as the site for the nurses' home, was purchased from Bryan. This tract was east and adjacent to the 10 acres originally conveyed (Dean, 1927). Later Bryan's sister, Mary Elizabeth Allen, donated five acres for a nurses' home, and another acreage was purchased still later (Bryan Memorial Hospital, 1946). Bryan had encouraged the Board of Trustees to secure an additional acreage adjacent to the site on exceptionally reasonable terms thinking of the future expansion and growth of the enterprise making a total of fifteen acres for the campus (Dedication of New Unit of Bryan Memorial, 1930).

The financial outlook in 1922 was not too bright, so plans to build immediately were shelved for two years until the Board of Trustees obtained enough cash and pledges to make the building program a reality (Bryan Memorial Hospital, 1976). The estimated cost for the project was close to \$1 million. The three units considered most vital were included in the first building program: surgical and maternity departments, a unit with bed rooms, utility rooms and linen space, and the heating plant. The Board of Trustees estimated that the minimum needed for building purposes was \$223,500 (Lincoln Methodist Hospital, 1925).

Death of the Great Commoner

Bryan was largely responsible for the passing of a law in Florida, Tennessee, West Virginia, and Kentucky making it a criminal offense to teach the Darwinian theory of evolution in public schools as a fact rather than a theory. In the summer of 1925, Bryan accepted the invitation to join in the prosecution of the case of John T. Scopes vs. the State of Tennessee for violation of this law. The case was tried in Dayton, Tennessee. Bryan was not called upon to deliver his address to the jury, because the defense permitted a verdict of guilty and submitted the case without argument. The heat and excitement of the trial had been very fatiguing to him. However, he remained in Dayton after the trial was over to arrange for publication of that address (Bryan Memorial Hospital School of Nursing, 1941-1942).

On Sunday afternoon, July 26, 1925, he lay down to take a nap and died in his sleep. His death stunned Washington; his friends believed him to be in good health (Commoner Passes Away Suddenly, 1925). The cause of his death was heart failure brought about by diabetes from which he had suffered for more than ten years. He was buried at Arlington National Cemetery high on a slope above the Potomac overlooking the Capitol (Pick Bryan's Resting Place, 1925).

In 1925 after his death, Mary Bryan completed his biography entitled the Memoirs of William Jennings Bryan. She died in 1930 and was buried beside her husband in Arlington (Winkelman, 1974).

The Bryan Memorial Hospital

After the death of William Jennings Bryan, the Board of Trustees felt because of his outstanding contribution, and his universally recognized religious character and standing, and as testimony to his great service to humanity, the name of the hospital should be changed to "The Bryan Memorial Hospital in remembrance of our chief benefactor." This was officially accomplished at a special meeting of the Board of Trustees on January 18, 1926 (Bryan Memorial Hospital, 1976).

Preliminary work had proceeded to such a degree that by November 3, 1924, the Board of Trustees felt justified in beginning actual building operations. Contracts totaling over \$200,000 for building and equipment would eventually provide for the operation of a 250-bed hospital (Bryan Memorial Hospital Result of Years of Effort, 1925).

On October 22, 1925, Dr. Ethel Laybourne, a medical doctor from Wichita, Kansas, was hired as superintendent of the hospital at a salary of \$150 per month plus board and room. She oversaw the finishing and equipping of the buildings and began interviewing applicants for doctors, nurses, and other departments (Bryan Memorial Hospital, 1976). Dr. E.W. Rowe was chief-of-staff and Miss Myrtle Dean superintendent of nurses. In November, 1926, Dr. Laybourne resigned, and in January, 1927, Miss Dean succeeded Dr. Laybourne to the hospital's general superintendency (Dedicate New Unit of Bryan Memorial, 1930).



Dr. Ethel Laybourne,
first Superintendent of
Bryan Memorial Hospital



Miss Myrtle Dean,
Superintendent of Nurses,
1927-1941

The Bryan Memorial Hospital of the Methodist Episcopal Church was formally dedicated May 20, 1926, with over 1,200 in attendance (Bryan Memorial Hospital, 1926). A.R. Talbot, President of the Board of Trustees, said, "It is fitting that the service to God and to humanity that will be performed here will be performed on the place where the Great Commoner lived for so many years. It is hoped that the hospital will grow so rapidly that within a few years it will be the largest Protestant hospital west of Chicago" (Ceremony at New Hospital, 1926).

The Hospital was approved by the American Medical Association and The American College of Surgeons and was accredited by the State of Nebraska. The Hospital had segregated service for Pediatrics and Communicable Diseases. The other departments had a mixed service (O'Connor, 1935).

At the formal opening of the hospital on May 20, 1926, the future of Fairview was outlined:

The Bryan home, to be used as an office of the Superintendent, general offices of the corporation, and temporary nurses' home, is practically as it was when the late William Jennings Bryan and his family lived there. Nothing has been changed in the house and practically no repair work was necessary with the exception of refinishing the floors and retinting the walls. The home will be open to visitors on dedication day (Formal Opening of Bryan Memorial Hospital, 1926).



The first hospital in 1926

The original capacity of Bryan Memorial Hospital was 50 beds, but almost from the first day the demand for private rooms alone exceeded the available space (Dedicate New Unit of Bryan Memorial, 1930). On September 8, 1927, Miss Dean, Superintendent of the Hospital, reported "that because 50 beds have proved insufficient and to meet the increasing demand of hospitalization, another campaign to raise additional funds will begin in the autumn of 1928 (Dean, 1927).

The Methodist Episcopal Church publicly accepted the responsibility of maintaining the Bryan Memorial Hospital and stated they would pay annually a regular fixed apportionment to assist in the maintenance. "The doors shall be open to Jew and Gentile, and Protestant and Catholic, heathen and infidel, on equal terms without regard to race or color and in keeping with the needs of the individual" (Methodist Church Has Responsibility, 1926).

On June 2, 1926, four days before the hospital officially opened, Lora Craig, the first patient, was admitted (Bryan Memorial Hospital, 1976). The first Bryan baby, "Baby West," was born June 7, 1926 (Bryan Memorial Hospital, 1986). From June 6 and for the remainder of 1926, there were 721 patients served (Presbyterian's Gift, 1958). The hospital received and cared for 4,193 patients up to May 1, 1930, and since the opening of the hospital, they had spent \$23,316.20 for free service to needy and worthy people (Dedicate New Unit of Bryan Memorial, 1930).

The hospital proved very popular to both medical practitioners and the churches from the beginning and was soon running to capacity. The crowded condition of the hospital was brought to the attention of the Nebraska Annual Conference. A campaign to solicit hospital support was carried into effect in November, 1928, and with the assistance of the district superintendents and pastors of the Lincoln, Beatrice, and Hastings districts, the campaign secured \$83,700 of the \$350,000 which was being sought (Dedicate New Unit of Bryan Memorial, 1930).

On October 6, 1929, the Board of Trustees approved plans and let contracts to build a connecting unit and the first two stories of a main central unit. This would provide twenty-five additional beds, all having toilet and lavatory equipment, and two suites with bath attached. A children's unit with thirteen beds, a number of two-bed rooms, a chapel for the devotional services of the nurses in the morning and for any special exercises, a beautiful spacious lobby, and reception room. The cost of building, equipping and furnishing the new section was \$147,952.65 (Dedicate New Unit of Bryan Memorial, 1930).

Nursing in Nebraska in the Early Twenties

The adjustments following World War I were accomplished. A permanent headquarters of the American Nurses' Association had been set up in New York, and the State Association looked to the national organization for leadership and guidance. Public health nursing had caught the popular fancy and opened new opportunities for nurses. In general, nurses had a broader outlook toward their professional responsibilities and there was a growing interest in more advanced education and post-graduate specialties. Then came the economic depression as a result of the post-war shrinkage in business. Nursing suffered a severe setback. Hospitals and health organizations reduced staff and people could not afford private duty nurses. The supply of nurses was greater than the demand, and there was widespread unemployment (Trott, 1956).

In 1920, fees for private duty nursing were raised to \$6 per day over vigorous protests from doctors and hospital administrators. The high cost of living had made the increase necessary. The salary of a graduate floor supervisor was about \$65 per month, plus maintenance (Trott, 1956).

In 1921, the State Department of Public Welfare required a 3 x 5 photo taken within the last 30 days, a 4 x 5 photographic copy of the nursing diploma, the application for a license as a Registered Nurse, a statement or copy of credits earned by affiliation along with the \$5 fee for those wishing to take the State Board Exam. Subjects tested were: Anatomy, Bacteriology, Materia Medica, Obstetrics, Dietetics, Surgical Nursing, Medical Nursing, Ethics, Nervous and Mental Diseases, Pediatrics, and Communicable Diseases (NSHS, 1909-1937).

There was no age limit to enter nurse's training imposed by the Nebraska Department of Health and Welfare in 1924. An applicant was required to have two years of high school and three years of training to be licensed in Nebraska. Forty percent or more of those writing the exam in May and November, 1924, failed (NSHS, 1909-1937).

In 1926, the fee to take the State Board Exam remained \$5 and \$1 was charged for license renewal. The exam was given at the State House in Lincoln and at the University College of Medicine in Omaha. Nebraska had reciprocity with Colorado, Louisiana, Montana, Utah, Idaho, Maryland, South Dakota, and Wyoming in 1926 (NSHS, 1909-1937).

There were 1,600 licensed nurses in the state in 1926 and only 617 members of the State Association. An intensive membership drive was planned. Miss Phoebe Kandel was appointed the first State Director of Nursing Education in Nebraska in 1928 (Trott, 1956).

Bryan School of Nursing

From the very beginning, the Board of Trustees was dedicated to education. Since Fairview was available as a home for student nurses, the Board felt a nursing school could be set up. Recruitment began and students started in the nursing program (Bryan Memorial Hospital, 1976). The School of Nursing, governed by the Board of Trustees, has always been an integral part of Bryan Memorial Hospital and has developed with it.

It is the purpose of the school to create and maintain a standard worthy of the highest ideals of the nursing profession and to offer such valuable instruction and experience so that it will attract and graduate the finest type of Christian young women, who will give the best possible service to the patient, the doctor, the community, and to any organization with which they may be associated (Bryan Memorial Hospital School of Nursing, 1941-1942).

The first student, Miss Alveretta Van Engen, was admitted on July 6, 1926; the second, Miss Helen Waddell, on August 1, 1926; and the remaining students arrived during the late summer and fall, 36 students in all.



Bryan student body, 1929

The 1926 Application for Admission to Training School for Nurses, Bryan Memorial Hospital, and the Applicant's Agreement may be found in Appendix B. The School of Nursing Circular, outlining information and requirements regarding the School of Nursing in 1929, is found in Appendix C. Certificates were awarded the early nursing students upon completion of such courses as hospital dietetics, bacteriology for nurses, and psychology for nurses (Bryan Memorial Hospital School of Nursing, 1926).

The school gave a monthly allowance of \$6 per month that was discontinued in 1927 when uniforms were furnished for the students. The preliminary period was four months, but in 1935 it extended over the first semester. Two classes were admitted each year, one in September and one in February. The Standard Curriculum for Schools of Nursing was the guide used by the school (O'Connor, 1935).

There were no school uniforms or textbooks when the first class began. Students were not permitted to give anesthesia. The grade required for graduation was 70 percent for each class with an average of 75 percent. All candidates for graduation were to: (1) be not less than 21 years of age, (2) be of good moral character, and (3) have documentary evidence of preliminary educational equivalent to two years of high school before entering the School of Nursing (Nebraska State Historical Society, 1909-1937).

The first graduating class took three months of training in Pediatrics and Orthopedics at Children's Hospital, Denver, Colorado, under an affiliated agreement between the two institutions. During the three years of training, students took the following required courses: Anatomy and Physiology, Chemistry, Microbiology, Psychology, Professional Adjustments, Nursing including Massage, Pharmacology, History, Foods and Nutrition, Introduction to Medical Science, Medical and Surgical Nursing, Communicable Disease Nursing, Dermatological Nursing including Venereal Diseases, Eye-Ear-Nose-Throat Nursing, Gynecological Nursing, Operating Room Nursing, Orthopedic Nursing, Obstetric Nursing, Nursing of Children, Psychiatric Nursing, Emergency Nursing, and Hygiene (Bryan Memorial Hospital School of Nursing, 1926).

No charge was made for tuition, and board, room, and laundry were furnished. "The hours of duty shall be determined by the Superintendent of Nurses and shall not exceed 56 hours per week. One afternoon each week off duty for recreation and rest; also half of Sunday off duty" (Bryan Memorial Hospital, 1976).

The winter term curriculum for the new students which began on September 20, 1926, included:

Anatomy & Physiology	90 hrs.	Hospital Housekeeping	20 hrs.
Bacteriology	45 hrs.	Procedure	56 hrs.
Applied Chemistry	45 hrs.	Physical Training	15 hrs.
Printing	8 hrs.	Elem. Materia Medica	15 hrs.
Hygiene & Sanitation	15 hrs.	History of Nursing	15 hrs.
Massage	6 hrs.	Ethics of Nursing	15 hrs.
Bandaging	8 hrs.	Nutrition & Cookery	4.5 hrs.
(NSHS, 1909-1937)			

Most of the classes were taught by physicians and head nurses in classrooms at the hospital. The school had a full-time instructor since its opening and three floor supervisors. Other required classwork was taken at Lincoln High School and the State University. In 1928, students began taking their extra work at Wesleyan University (O'Connor, 1935).

The students were housed in Fairview that was noted to have educational and cultural value. Three rooms on the ground floor were used by the student nurses for dormitories. Rooms were furnished with single beds, dressers, chiffonniers, wardrobes, and closets. On the first floor was an adequately equipped demonstration room, library, two study tables, and eighteen chairs. Adjacent to the library was a large living room attractively and comfortably furnished where chapel services were conducted at 6:30 a.m. daily before the nurses went to the hospital for breakfast. Two single rooms, a dressing room, and bathroom were on this floor for the use of the Superintendent and Instructor of the School of Nursing. The second floor was comprised of four bedrooms containing two to four single beds and two large-sized bathrooms for use by supervisors, graduate nurses, and technicians. Two technicians slept on the porch; the beds were protected from public view by screens (NSHS, 1909-1937).



Bryan students in library at Fairview, 1930s

The Department of Public Welfare, in their annual report to Bryan Memorial Hospital Training School dated October 7, 1926, commented on the crowded living conditions for students and insufficient equipment. "There should be at least a dresser for two students, and the toilet, baths, and wash basins are not sufficient." The Department specified the need for a demonstration room with permanent equipment and specimens for illustration. The reference library had only eleven volumes donated by a doctor. The Department also asked that the preliminary course be increased to four months and that the hours per week be increased in

Elementary Nursing and Anatomy to total ninety hours per term in these two subjects (NSHS, 1909-1937).

A letter to Miss Dean from the Department of Public Welfare on February 4, 1927, listed the number of students enrolled as 26. The students did 54 hours of duty per week and three hours of daily study; they had no evening classes. It was noted that there was evidence of preliminary educational equivalent of four years of high school before entering the School of Nursing (NSHS, 1909-1937).

The 1927 report of Phoebe M. Kandel, State Director of Nursing Education, dated February 17, 1928, noted that the outstanding achievement for Bryan School of Nursing in 1927 was its affiliation with Wesleyan University for 38 credits over a three-year program coordinated with nursing care of patients in the hospital. Classes at Wesleyan included: Bacteriology, Chemistry, Psychology, English, Anatomy, Physiology, Hygiene, Public Speaking, Dietetics, and Sociology. The Board of Directors of Bryan approved payment of lab and registration fees at the University of \$16 per student, and the remainder of the tuition fee was gratis. They also approved purchase of an "auto-truck" to take student nurses to and from the University and the Hospital (NSHS, 1909-1937).

In the 1928 Annual Report, students continued the three-month affiliation with Children's Hospital in Denver. They worked 52-hour weeks, eight-hour days and nine-hour nights with one-half day per week and one-half day on Sunday for recreation. The charge for student special duty in the community was \$4 per day. Student illnesses accounted for 146 days: 33 days due to diphtheria and small pox, 21 days for removal of a bunion, 22 days due to scarlet fever, and 70 days because of colds and other minor illnesses (NSHS, 1909-1937).

The first class of fifteen students graduated in 1929 with 350 in attendance. The invitations read:

The Board of Trustees, Faculty and Class of 1929
Bryan Memorial Hospital School of Nursing
request your presence at the First Annual Commencement
Friday evening, June twenty-first, Nineteen hundred
twenty-nine, at eight o'clock
Trinity Methodist Church, Lincoln, Nebraska

After the exercises, a reception was held for the members of the class and their relatives and friends. Since this was the first class to graduate from the hospital, unusual honor and attention were bestowed upon the graduating nurses. A number of receptions and social events were given in their honor during the week preceding the graduation. The class motto of the Class of 1929 was "Come forth to learn, go forth to serve." The class colors were orchid and green, and the class flower was the ophelia rose (Fulwider, 1929).

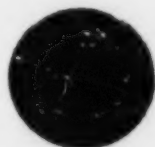
Dr. E.W. Rowe, Chief of the Medical Staff of the Hospital, gave the address and outlined the requirements of nursing. "The standards of training for the nursing vocation are equal to those required for any other career. The special training requires strength, courage, and idealism to furnish a liberal education....." (Bryan Hospital Gives Diplomas to Fifteen, 1929).

The closing address was given by Miss Carolyn Gray of Columbia University in New York who had been conducting a summer class in Omaha. She advised the graduates to combine practice with theory to make a sane balance of the two. She told the graduating class:

There will come times when the demands of your work will exhaust your strength and starve your minds. See to it that you have other periods when you replenish your

strength and feed your minds. No sane worker expects to work twelve or twenty hours a day as a regular thing. On the other hand, anyone can work for that length of time occasionally or in a situation that is a real emergency (Fifteen Nurses Given Diplomas, 1929).

A complete list of Bryan Memorial Hospital School of Nursing Graduates, including the first class in 1919, may be found in Appendix D.



The Board of Trustees, Faculty
and
Class of 1929

Bryan Memorial Hospital
School of Nursing

request your presence at the
First Annual Commencement
Friday evening, June twenty-first
Nineteen hundred twenty-nine
at eight o'clock
Trinity Methodist Church
Lincoln, Nebraska

Graduation announcement, 1929



The first graduating class of 1929.

Bryan's first graduating class, 1929.

CLASS MOTTO:

COME FORTH TO LEARN! GO FORTH TO SERVE

CLASS COLORS:

ORCHID AND GREEN

CLASS FLOWER:

OPHELIA ROSE

CLASS ROLL

LUCILLE BROWN

MAUDE E. KLEIN

NAOMI BURNEY

CLARA E. MARTIN

MARIE CAVE

GRACE J. PARKER

EVELYN P. FULWIDER

IRMA F. PFEIFER

ORREL IGOU

MARY E. BATTERWHITE

CLARA L. JOHNSTON

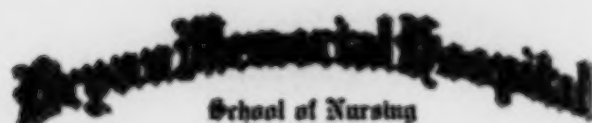
RUBY SCHAFER

ALVERETTA VAN ENGEN

HELEN L. WADDELL

GRETA M. WITTSCHIE

Class motto, colors, flower, and roll, 1929.



School of Nursing

Lincoln, Nebraska

This certifies that

Evelyn V. Fulwider

has completed the three years Course of Instruction and Practice in the School of Nursing of this Hospital and has satisfactorily passed all the required examinations and is therefore awarded this

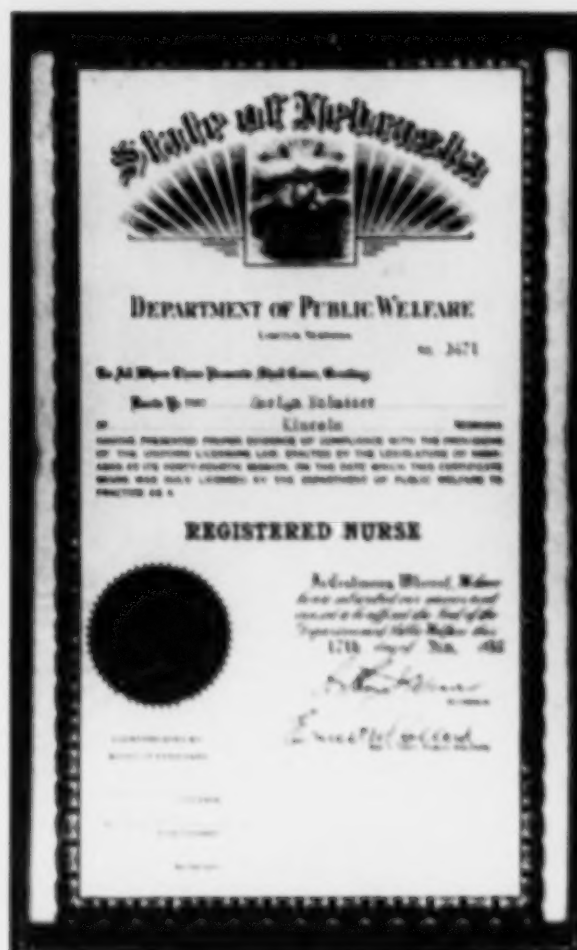
DIPLOMA

In Testimony Whereof we have affixed our signatures and caused the Seal of the Hospital to be hereunto attached. Given at Lincoln, Neb. this 27th day of Oct. 1929.

F. A. Stupp
W. H. Talbot

Graduation Diploma, 1929.

License of 1929 graduate.



The School of Nursing was accredited by the State Board of Examiners in 1929 (Bryan Memorial Hospital, 1976). That same year a 22 year old student nurse, Mildred Fagerquist, from Dighton, Kansas, was crushed to death in a food elevator at Bryan Hospital one Sunday morning at 8:30.

Her neck was broken, and she was crushed about the shoulders. The elevator ran from the kitchen on the lower floor to the top floor. Miss Fagerquist was removing food from the lift on the floor above the kitchen. The door slammed behind her, pinning her between the door and the cage. The elevator started upward. She gave one cry and no more was heard. Life was extinct when the body was removed from the lift. She would have graduated with this year's class. She had been with the hospital practically since its opening (Nurse Crushed, 1929).

Through affiliation, students received instruction in the basic sciences at Wesleyan University. The college hours could be applied toward requirements of a Bachelor of Science degree. As a result of this affiliation, Bryan student nurses attended lectures and at the completion of their training, they could obtain 38 credits toward a college degree (Nurses Get Credit, 1928).

Miss Lucy Austin was hired as the first Director of Bryan Memorial Hospital School of Nursing and Nursing Service in 1926 at a salary of \$125 per month. She graduated in June, 1926, from Methodist Hospital in Gary, Indiana, and was registered in Indiana. The annual report for the Bryan Memorial Hospital Training School, filed on October 7, 1926, by the Department of Public Welfare, stated that "Lucy E. Austin has had no previous experience since graduation. Miss Austin needs experience in administration to organize a new school." On October 8, 1926, a letter was sent to Miss Austin and the Hospital from the Department of Public Welfare:

Lucy Austin, Superintendent of Nurses, is not registered in Nebraska, needs experience in administration to organize a new school, and also in teaching to carry the educational program of the school. We note Lucy E. Austin has signed her name to the report as Superintendent of Nurses, using the R.N. Miss Austin is not a registered nurse in Nebraska, consequently, should not use the "R.N." and is liable to criminal prosecution for so doing. We will withhold accrediting your Training School until your organization is more complete (NSHS, 1909-1937).

Miss Austin served less than six months. Miss Myrtle Dean was hired as Superintendent of Nurses in December, 1926, to take Miss Austin's position. In the meanwhile, Dr. Laybourne resigned as Director of Nursing Service, and Miss Dean filled both positions at a salary of \$150 per month (NSHS, 1909-1937).

Miss Dean was a nurse during World War I and served five and a half years overseas. She was president of the Nebraska Organization of World War nurses and also president of the Nebraska Nurses in 1933. Miss Dean asked to resign in 1937, but the Trustees persuaded her to take a leave of absence for a year and return. In April, 1937, she left for a period of rest and recuperation, then returned in one year and resumed her position as superintendent until 1941 (William Jennings Bryan, 1941). A complete list of the Directors of the School of Nursing may be found in Appendix E.

Pin. Uniform. and Alumnae Association

Sometime in the late twenties the school pin was designed and used by the first graduating class. It was described as:

Just a bit of gold to some, an ornament to others, a mere mark of a profession; but to a Bryan nurse it is a symbol, a door closing on that sheave of training days from which we emerge a finished nurse ready to open the door or step into a world of service. The meanings of the emblems on the pin are: the Nightingale lamp stands for those ideals which the life of Florence Nightingale typifies, the ideals and standards of the nursing profession. The three books represent the three-year training course; the art, science, and knowledge of nursing. The sheaf of wheat stands for Nebraska, the mother state for most of us, and the state of our school (Bryan Memorial Hospital School of Nursing, 1937).



School pin designed by Miss Myrtle Dean.

The first Bryan nurses' uniform was designed by Mrs. Ethel Laybourne Bradburn, M.D., which she described below:

The uniform was a blue and white nurse's stripe, gored skirt in front and full gathered in the back, short sleeves with white cuffs. The apron was full gathered on a belt. The bib was wide in front and crossed in the back and separate from the apron. The cap was one piece, with a band turning back across the front, the back folded together and fastened with something like a shirt button. Now this is not a very good description of the cap, but, you being a nurse, I think you will get the idea. The shoes

and hose were black. (Horrors!!!) But, that was twenty-seven years ago (Bradburn, 1953).



First uniform designed by Dr. Ethel Laybourne.

The Alumnae Association of the Bryan Memorial Hospital School of Nursing was organized after the graduation of the first class in 1929.

Privileges of membership are allowed to all graduates who successfully complete the state board examinations. Active membership automatically confers membership in the district, state, national and international organizations. Members of the Alumnae Association are eligible for membership in the Red Cross Nursing Service. The aims of the organization are to provide mutual help among its members; to uphold and support professional activities; to help maintain high educational standards for nurses; to stimulate good fellowship among the graduates and students; to encourage a progressive and cooperative spirit among the student body and to support the School of Nursing and Bryan Memorial Hospital in the various programs for service in the community. (Bryan Memorial Hospital School of Nursing, 1941-1942).

A School of Nursing Bulletin in the seventies stated that the purposes of the Alumni Association are "to advance high standards of ethical and professional conduct among nurses, to promote professional and education advancement, and to aid student and graduate nurses who need additional funds to complete their education" (Bryan Memorial Hospital School of Nursing, 1976-1978).

Committees, Studies, and Findings

Originally the Committee for the Study of Nursing Education under the direction of Josephine Goldmark was to study educational requirements for public health nursing. However, by 1920, it was clear that this problem was so inextricably tangled with other aspects of nurses' preparation that the inquiry was extended to encompass the entire field of nursing education. Twenty-three hospital schools of nursing, representative of all types and localities, were carefully analyzed as well as all nursing activities, with emphasis on public health nursing (Deloughery, 1977).

The investigation resulted in the publication in 1923 of Nursing and Nursing Education in the U.S. Three important points were brought out: (1) widespread neglect in the field of public health; (2) deficient technical facilities for teaching nurses, inadequately prepared instructors, and unstandardized course of study; and (3) the chief nurse of the hospital was also head of the school of nursing (Deloughery, 1977).

The report advocated: (1) a basic course in the sciences and in bedside nursing, twenty-eight months in length; (2) post graduate courses for public health nursing, teaching, and executive work; (3) training of "subsidiary" nurses, eight or nine months; (4) developing and strengthening of university schools of nursing; and (5) endowments for schools of nursing (Goodnow, 1938). The report also suggested that 840 hours of theoretical instruction be given during the course, 270 of which should be classroom and laboratory work during the preclinical period. In the two subsequent clinical years, it recommended seven and one-half hours of instruction per week except for the two summer terms (Brown, 1940).

The Goldmark survey yielded the basic conclusion that the training of nurses was a serious educational business that must be directed by those committed to quality nursing education. It emphasized the fundamental need to recognize the hospital school as a separate educational department, dedicated to giving students not a course of training, but a thorough liberal education in nursing (Kalisch & Kalisch, 1978).

Close on the heels of the Goldmark Report came the study of the Committee on the Grading of Nursing Schools, which had two separate movements. One was an attempt by the American Medical Association to study the education and employment of nurses in order to arrive at methods for improving the nursing service available to the members of the medical profession. The other study conducted by the Committee on the Grading of Nursing Schools, Nurses, Patients, and Pocketbooks, was initiated in 1928 by professional nursing associations (Kalisch & Kalisch, 1978). The study was partially financed by outside sources, but nurses themselves donated \$115,000. The five-year program included: (1) a study of the supply and demand for nursing service in hospitals and the community, including public health and private duty nurses; (2) a "job analysis" of nursing and the teaching of nurses; and (3) the actual grading of nursing schools. This self-study was one of the most notable and far-reaching enterprises the nursing world had ever undertaken. The first report showed that there was an oversupply of nurses with serious geographic maldistribution, with most nurses remaining in large cities; that salaries and working conditions were poor; and that although in general both patients and physicians were

satisfied with nurses' services, there was evidence of some serious incompetence (Kelly, 1981; Goodnow, 1938).

The direct effect of the first grading was the raising of the entrance requirements for schools of nursing to high school graduation. In 1928, only 13.2 percent of schools required four years of high school and in 1930, the number had increased to 54.3 percent (National League of Nursing Education, 1932).

In 1927, following the trend to de-emphasize standardization, a revision entitled A Curriculum for Schools of Nursing was published by the National League of Nursing Education. It introduced "changes needed to keep in line with the newer developments in the field of nursing and the newer ideas in nursing education." Psychology was added with emphasis on mental and public health nursing and greater stress on a solid scientific background (Kalisch & Kalisch, 1978).

A Curriculum for Schools of Nursing was made the basis for nursing schools in the State of Nebraska. To many, it was a means of elevating their standards and securing greater uniformity in the curricula of schools. It was designed to build courses of study on the fundamental practical activity of nursing. "Nursing education must be based on the actual duties and responsibilities the average nurse is expected to carry in the practice of her profession" (Kandel, 1929).

No change was made in the Nebraska Nurse Practice Acts until 1927 when the Uniform Licensure Law was passed. Provision was made to raise the educational requirement for entrance to a training school for nurses from one to two years of high school. It also provided that the training school must be associated with a hospital with fifty beds and that the teaching of theory and practice of nursing as provided by the Standard Curriculum of the National League of Nursing Education be followed (Simonson, 1944).

Organizations

Sigma Theta Tau, honor society in nursing, was established at the University of Indiana in 1922 (Fagin, 1990). The name is composed of the initials of the Greek words meaning "love, courage, and honor." Members are chosen from students enrolled in National League for Nursing accredited nursing programs leading to a baccalaureate or higher degree. Criteria for selection are high scholastic achievement, leadership qualities, and capacity for personal and professional growth. The society's overall purposes are to recognize superior achievement and the development of leadership qualities, foster high professional standards, encourage creative work, and strengthen commitment to the ideals and purposes of the profession. Image, the scholarly peer-review journal of the society, is published three times annually; and Reflections, the society's newsletter, is published five times annually (Kelly, 1981).

The Health Organization of the League of Nations was created in 1923. One of its most important functions was its Epidemiological Intelligence Service. It also carried out studies in a variety of fields: rural hygiene, health of school children, health insurance, health centers, physical education, and health promotion (Rosen, 1958).

Collegiate Schools of Nursing

A growing development in several universities was the combined academic and professional course of four to five years, leading to a nursing diploma and a bachelor of science degree. Usually a student upon completion of a high school course was admitted for two years of preliminary work at a university. Then, the student was given two years of nurse training in a

hospital followed by a year of clinical work and study during which the student would specialize in some specific brand of nursing. By the early 1920s, many schools had introduced courses of this type (Kalisch & Kalisch, 1978).

The Goldmark Report pointed out that by establishing independent university schools of nursing, administrative exploitation of student nurses in hospitals would lessen. It also pointed to the need for recognizing schools of nursing in hospitals as more independent educational departments. As a direct result of the Goldmark Report, Yale, Western Reserve, and Vanderbilt Universities developed collegiate schools of nursing characterized by quality in both theory and clinical experience (Kalisch & Kalisch, 1978).

Shortly after the Goldmark Report, the Rockefeller Foundation awarded a five-year grant to Yale University to establish a collegiate school of nursing. The grant was contingent upon implementation of a course which would consolidate and correlate nursing theory and practice in the shortest feasible curriculum and eliminate non-nursing assignments. The Yale School of Nursing opened in February, 1924, and was the first in the world to be established as a separate university department with an independent budget and its own dean--Annie W. Goodrich. In 1937, this school was probably the best known of all the university schools of nursing (Kalisch & Kalisch, 1978).

Western Reserve University established a school of nursing in 1923 through an endowment from Frances Payne Bolton, a philanthropist and strong supporter of nursing. Vanderbilt University School of Nursing was founded in 1930 with endowments from the Rockefeller Foundation, Carnegie Foundation, and Commonwealth Fund. A small number of students attended collegiate schools (Fitzpatrick, 1983).

Stock Market Crash of 1929

Unemployment after the stock market crash of 1929 also affected nursing. People who had no jobs could not afford private-duty nurses. It was estimated that 8,000 to 10,000 graduate nurses were out of work (Kelly, 1981).

Beginning in 1929, many private and some public hospitals were forced to close their doors or to limit their services. To help relieve serious unemployment among nurses, many hospitals employed larger graduate staffs, often on subsistence salaries, while other nurses were employed as visiting nurses and paid from relief and other public funds. Private-duty nursing declined sharply and thereafter took second place with public health nursing a fairly close third (Stewart & Austin, 1920).

The onset of the Great Depression found schools of nursing in the midst of stress and turmoil brought on by over expansion of the educational plant and continued massive exploitation of student labor in hospitals (Kalisch & Kalisch, 1978).

Recollections

A member of the first graduating class in 1929, Irma Pfeifer Mankamyer, recalled in a personal interview that training consisted of long days and hard work. A dorm room under the porch in the basement was lined with thirty cots. Some of the students were known to crawl out the windows in the basement, particularly if they had boyfriends waiting! A key was kept in the window sill on the porch of Fairview for those out on late leave. The house mother, who lived in the sewing room on first floor, still checked the time of arrival. Chapel attendance was mandatory each morning, and each student had to take turns leading the service.



Housemother at Fairview

She remembered the student killed in the "lift" accident. Students could ride the "trolley" on South Street for \$6 per month. It cost two cents more to ride from Bryan, because it was out of the city limits. Students ate cheese or peanut butter sandwiches on the way to Wesleyan classes on the old auto/truck. One heavy-set girl was expelled from her class for giving the wrong med. She told how students used to pull each other around in an old ricochet that was out in the barn. She said that everyone liked Miss Dean who once said, "Give me a gallon of water and a box of soda, and I can run a hospital! She smiled as she quoted Dr. Becker, an OB physician, "If the father was drunk, it will be a boy!" (Irma Pfeifer Mankmyer, Personal Interview, June 24, 1994).

Ms. Lucile "Brownie" Brown Blevins, Class of 1929, wanted to be a nurse for as long as she could remember, and she was always the nurse when playing with other children. She was the roommate of Mildred Fagerquist and was working in the kitchen with her the morning she was killed. She and the other students were very upset over her death. When her class began training in 1926, they wore a half apron with no bib. After they had worked for about two

months, they were given the bibs which buttoned onto the band of the apron. Students were "probies" (on probation) for eight or nine months until they were capped, then they could do many more things. They chose a cap that was fashioned after Myrtle Dean's for Bryan's official cap. They each received a school pin at graduation that the class helped design.

Blevins was often asked to lead chapel, because she was good at "pulling things together" and having something to say. She eventually married a Methodist minister. She recalled that doctors were held in very high esteem in the early days; everyone stood at attention when they entered the room. She said she was quite thin in training due to the hard work. One day Miss Dean met her in the hall and remarked how "poorly" she looked. She told her, "You don't have enough meat on your bones to make good noodle soup!" After graduation, Blevins took some time off, then did private duty nursing, was a school nurse, and did much free gratis nursing as a minister's wife (Lucile "Brownie" Brown Blevins, Personal Interview, July 16, 1994).

The School's roots lie in the first class that graduated in 1929. Many of the traditions formed at that time still remain today. The early administrators were intelligent, hard-working individuals who looked to the future and always attempted to improve on the present. A debt of gratitude is owed to these hard-working nursing pioneers who were the first to influence the School's professionalism.

Summary

Many important changes took place in nursing during the twenties which contributed to a more positive image for nursing and helped to increase nursing's professionalism. The American Nurses' Association had become well-established, and State Associations looked to the ANA for guidance and direction. Increased specialization in nursing services developed rapidly, nursing salaries increased, and the need for a better basic nursing education and post-graduate education was evident.

Nursing suffered a setback during the economic depression following World War I. People could no longer afford to go to hospitals for care nor to hire private duty nurses. Nursing unemployment was further escalated by the stock market crash of 1929.

Nebraska schools of nursing were affected by these events, both positively and adversely. Bryan Memorial Hospital and School of Nursing were founded during this period thanks to the generosity of William Jennings Bryan. His gift of Fairview and the land surrounding it marked the beginning of Lincoln's most progressive health care facility. In 1996, at the time of this writing, Bryan School of Nursing was the oldest school of nursing in existence in Lincoln and the only remaining diploma nursing program in the State of Nebraska.

CHAPTER THREE

The Effects of the Great Depression 1930 - 1939

Whether the stock market crash of October, 1929, precipitated the Great Depression or vice versa, is still debated by economists. In the three years following the crash, the whole American economy ran steadily downhill at a quick and disastrous pace. Virtually every important industrial group suffered the same devastating erosion. Each responded in the only way it knew how: by cutting dividends, reducing inventories, laying off help, lowering wages, abandoning capital improvements, and going on reduced schedules. There were 4,340,000 people unemployed in 1930, 8,020,000 in 1931, and 12,060,000 in 1932. One in every five persons in the labor force was out of a job in 1932 (Kalisch & Kalisch, 1986).

The Great Depression extended well into the 1930s and had an immediate and lasting impact on hospital nursing care (Fitzpatrick, 1983). In 1930, 27 percent of all graduate nurses had hospital staff positions. Private-duty nursing predominated in the hospital and in the home (RN at 50: Half a Century of Service to Nursing, 1987). The collapse of the national economy virtually devastated the field of private duty nursing, the mainstay of employment for graduate nurses. While people continued to need nursing services, the majority turned to either periodic care by visiting nurses or hospital care, since private duty nursing was beyond the financial means of most. Student nurses continued to occupy most of the available nursing positions in hospitals, because they were cheaper forms of labor than graduate nurses. Consequently, massive numbers of graduate nurses were left without jobs (Fitzpatrick, 1983). The supply exceeded the demand, causing a lowering of income throughout all segments of nursing. In order to spread the work around, some hospitals reduced service to an eight-hour day, which permitted three shifts (Dolan, 1978).

The economic security of nurses suffered a great setback. Hospitals attempted to recruit and retain new nurses by providing pleasant living quarters, nutritious meals, a graduated salary scale, adequate vacation time, and benefits such as pensions or life insurance. Nursing pay ran from \$70 to \$90 a month with room and board provided (RN at 50: A Century of Service to Nursing, 1987).

The American Nurses' Association recommended a salary schedule for nurses comparable to those of other women workers, a shorter work week for hospital nurses, and vacations with pay (Fagin, 1990). Although they complained of the cost of training students, hospital administrators clung to the schools. Students were obviously an economic asset despite figures to the contrary. The American Hospital Association reported students gave \$1,000 in service with an average of 7,000 hours making their contribution about fourteen cents an hour! By 1933, many unemployed nurses were forced to work in hospitals for room and board (Kelly, 1985). During these depressed times, nurses worked at Bryan for room and board and fifty cents per day (Bryan Memorial Hospital, 1987).

Many penniless graduate nurses applied to hospitals for work and were willing to accept room and board for their services. The nurses were not replacing other graduates, but were probably replacing nursing students. The suggestion that unemployed graduate nurses be hired by hospitals as graduate floor duty nurses met with two arguments: (1) graduate floor duty was not considered respectable by many nurses; and (2) in better hospitals to which graduates would be attracted, there were virtually no positions available (Kalisch & Kalisch, 1986).

The wider use of national, state, and local tax funds in health and welfare services and the rapid growth of voluntary insurance plans for financing hospital and medical care were results of the depression. Despite strong opposition to socialized medicine in the U.S., conditions in the "hungry thirties" and the war years that followed led to increasingly heavy state and federal subsidies for health and social welfare (Stewart & Austin, 1920).

The New Deal

It is difficult to describe the utter collapse of national economic life that occurred before Franklin Delano Roosevelt took office on March 4, 1933. Business sunk to 60 percent below the normal level. Over 1,400 banks failed during 1932. President Roosevelt urged confidence and courage (Kalisch & Kalisch, 1986). He implemented a program called the "New Deal." It included temporary measures that were expected to provide relief and counteract the effects of the widespread economic depression. It was also comprised of more permanent measures designed to rehabilitate and stabilize the economy of the nation and prevent a recurrence of similar economic crashes (Deloughery, 1977).

One of the temporary measures adopted was the Emergency Bank Relief Act passed in 1933 to prevent the breakdown of the national banking system. The Federal Emergency Relief Administration (FERA) was also established in 1933 to allocate relief funds for distribution to the needy; distribution was accomplished at the state level and was a program in which many nurses participated (Kelly, 1985). Many unemployed Nebraska nurses turned to the Federal Emergency Relief Administration for work. They were assigned to local health projects and paid with government funds (Trott, 1956).

The Civilian Conservation Corps (CCC) was another program in which there was some nurse participation. It employed young people in reforestation and soil conservation. The Civil Works Administration (CWA) created jobs for the unemployed. Ten thousand unemployed nurses were put to work in public hospitals, clinics, public health agencies, and other health services. The follow-up Works Progress Administration (WPA) continued to provide funds for nurses in community health activities. Many nurses worked in government supported health care (Deloughery, 1977; Kelly, 1985).

A few nurses also entered a new field that opened--airline stewardess. In the mid-thirties, all stewardesses had to be RNs. In 1938, five airlines and four railways employed more than 400 nurses as stewardesses. United Airlines was the last to drop the requirement in 1970 (RN at 50: Half a Century of Service to Nursing, 1987). Bryan graduates Ruth Kimmel (Class of 1933), Stella Banks (Class of 1933), and Louella (Sue) Wieland (Class of 1931) were United Airlines stewardesses (Litizette, 1988).

One of the New Deal measures enacted to deal with problems of economic insecurity was the passage of the Social Security Act of 1935. Among its many benefits was provision for public health work, authorization of grants to states for the development and maintenance of state and local health services, and an annual appropriation to the Public Health Service for additional research and training activities. The Act authorized the use of federal funds for the training of public health personnel (Kalisch & Kalisch, 1978).

During the first year of the Social Security program, about 1,000 nurses received scholarship stipends for study at universities offering public health nursing programs approved by the National Organization for Public Health Nursing. In 1937 after passage of the Social Security Act, 2,304, or about ten percent, of all public health nurses in the U.S. had received some post-graduate training at approved schools on training stipends (Kalisch & Kalisch, 1978).

Studies of Nursing Schools

All surveys conducted during this period pointed to the fact that the nursing profession was aware it needed to change to meet the demands being made by the community for quality nursing service and those being made by prospective students for better professional training. Nursing as a Profession, prepared by Dr. Esther Lucile Brown in 1940, focused attention on some of the problems, such as control of nursing education (Brown, 1940).

The second study sponsored by the Committee on the Grading of Nursing Schools in 1934 was reported in An Activity of Nursing and Nursing Schools Today and Tomorrow. Its purpose was to gather facts about nurses' activities that could be used as a basis for improving the curricula in schools of nursing. It was the first large-scale attempt to find out what nurses actually did on the job. This focused attention on nursing service as well as on nursing education encouraged a closer correlation of theory and practice (Kelly, 1985).

The third and final report of the Committee on the Grading of Nursing Schools published in 1934 was entitled Nursing Schools Today and Tomorrow. It gave statistics on the numbers of trained and untrained nurses, described nursing schools of the period, and recommended essentials and standards for a basic professional school of nursing (Kelly, 1981). The Grading Committee strongly recommended that the National League for Nursing Education undertake the accreditation of nursing schools (Donahue, 1985).

In June, 1936, the National League for Nursing Education published two studies. One was entitled Essentials of a Good School of Nursing. Emphasis was centered on the welfare of the public rather than upon that of the nurse. "It is for the patient's sake that the maintenance of a good school of nursing is of fundamental importance." Consequently, if the function of nursing was to restore the sick to health and prevent illness, the personal and educational qualifications of the nurses must be given careful consideration (Brown, 1940).

The second study published by the National League for Nursing Education was the Curriculum Guide for Schools of Nursing, to which reference was previously made. The Committee reviewed literature on nursing education and preparation for other professions, so that a course of study could be constructed that would conform to newer educational patterns. The Committee believed that every course should be constructed in terms of its contribution to the welfare of society and in terms of capacities and learning needs of the student, which would result in enrichment of the curriculum (Brown, 1940).

The Committee recommended that 20 percent of the hours in the curriculum be devoted to the biological and physical sciences, 15 percent to the social sciences, 25 percent to the medical sciences, and 40 percent to nursing and allied arts. They recommended that training be more flexible, and that a school should be able to command such financial, clinical, and other facilities as may be required to make it a truly educational institution. A nursing school must be able to engage the services of a sufficiently large and competent teaching staff, to furnish an adequate library and laboratories to provide diversified clinical experience. The hospital must employ enough graduate nurses and subsidiary personnel to release students from work not educationally profitable (Brown, 1940).

In 1937, the National League for Nursing Education presented its third revision of the Curriculum Guide for Schools of Nursing, with input from thousands of nurses around the country. It assumed that the primary function of the school was to educate the nurse and that the community to be served extended beyond the hospital. The numbers of academic and clinical hours as well as content were suggested (Kelly, 1985).

The Curriculum Guide was offered as an education tool and guide, not as a mandate, to nursing faculty, hospital administrators, and boards of trustees to use in accordance with the

goals and conditions of their own schools. The curriculum called for a two and one-half to three-year course of study to include scheduled theoretical and practical instruction; not to exceed forty-four to forty-eight hours per week; with sufficient time for rest, study, and extracurricular activities; and four weeks vacation per year. The first four months of the program did not include any clinical practice. More emphasis centered on integrating basic sciences into the art of nursing, stressing the sociological and psychological aspects of care, and incorporating the concept of health and wellness into all nursing courses (Fitzpatrick, 1983).

In 1936, the National League for Nursing Education published a manual, Essentials of a Good School of Nursing. That same year, a manual called Essentials of Good Hospital Nursing Service was published in cooperation with the Division on Nursing of the Council of the American Hospital Association and a committee of the League. These publications pointed out that the goals of nursing schools varied from those of nursing services, and these differences must be planned for in the organizations and programs of each. In 1933, the League published a manual, The Nursing School Faculty: Duties, Qualifications and Preparation of Its Members to help with the lack of trained personnel in nursing education (Deloughery, 1977).

Nursing Education

One obvious problem in nursing schools was the lack of qualified teachers to teach nursing. Even in university programs, nurses did not meet the usual teaching requirements. Baccalaureate programs for diploma nurses began to offer specialized degrees in education, administration, or public health nursing. The movement to graduate education was very slow. For years, most of the graduate degrees held by nurses were in education. Some of the greatest leaders in nursing education either graduated from Teachers College, Columbia University or held teaching positions there. As early as 1932, Catholic University offered graduate courses in nursing, which was an uncommon occurrence (Kelly, 1985).

In 1931, there were 67 schools of nursing in the U.S. with some type of college affiliation; most of the liberal arts plus hospital school pattern. More than half of these had been established between 1930 and 1936, and many were still floundering. More universities and colleges were offering courses leading to master's degrees in the fields of supervision, education, and public health. While a number of nurses held the degree of doctor of philosophy, the degree was seldom, if ever, granted in the field of nursing. The first American nurse to earn a doctorate received her PhD in psychology and counseling in 1927. In 1939, the National League for Nursing Education urged all nurses to get their degrees, preferably before entering nurses' training. Just five years later the first mention was made of the BSN degree (Kelly, 1985; Sellev & Ebel, 1955).

The Smith-Hughes funds were established for vocational work in the trades and industries in the late 1920s. Mr. Harvey Freeland was interested in nursing education. He believed nurses were prepared to serve the community as any other group of students. To this end, he brought the Smith-Hughes Fund into use for the reimbursement of teachers who could be employed for teaching such subjects as bacteriology, chemistry, dietetics, anatomy and physiology, drugs and solutions, psychology, sociology, and hygiene. Wide use was made of the funds for teaching in Nebraska schools of nursing (Martin, 1931).

By 1936, the number of U.S. diploma nursing schools had decreased from more than 2,200 in 1929 to a little less than 1,500 state accredited programs (Kelly, 1985). The reduction in working hours for undergraduate and graduate staffs resulted in increased nursing school enrollments of 67,000 students in 1935 to over 82,000 in 1939; more students were enrolled in fewer schools. Many nurse educators began to fear that an overproduction of graduate nurses

would lead to a corresponding decline in their quality as it had in the 1920s. By 1939, the number of hospital beds had increased by 14 percent (Kalisch & Kalisch, 1978).

Black nurses were caught in the overall, common prejudice against their race. In 1924, it was reported that only 58 state-accredited schools admitted blacks, and most of these were located in black hospitals or in municipal hospitals caring for black patients. Of these schools, 77 percent were located in the South; 28 states offered no opportunities in nursing education for black women. In 1930, there were fewer than 6,000 black nurses, most of whom worked in black hospitals or public health agencies that served black patients (Kelly, 1981).

Bryan Hospital in the Thirties



Bryan Memorial Hospital and Fairview as it appeared in the 1930s

Reports of a highly successful year were given to the Board of Directors in November, 1936. Throughout the preceding twelve months, ninety of the hundred beds were used, and on several days it was necessary to set up additional cots to accommodate a total of 106 or 107 patients. Pledges and gifts made it possible to retire \$22,000 of bonded indebtedness bringing the debt down to almost the \$200,000 mark. The staff had received restoration of salary reductions, which was put into effect in 1934. Prospects for the coming year were pleasing (Bryan Hospital Has a Good Year, 1936).

Bryan Hospital was described in the 1930s of "offering every facility and making every effort to assure a happy residence and speedy recovery for the ill." The hospital was fully accredited by the American College of Surgeons, and its Nurse Training School was on the accredited list of Training Schools, and offered opportunity for professional preparation. The leaflet went on to describe the Hospital:

The most skilled service, coupled with the sympathetic interest of the nursing staff and all officials, aid the doctor in accomplishing desired results and a restoration of good health. The intent of the Hospital is not to make money, but rather to serve the sick and afflicted by supplying a real home, the best of care, and pleasant, hopeful surroundings as an aid to regaining of health. The cost of such care is easily understood (Bryan Memorial Hospital Leaflet, 1930s).

Every hospital computed what was called its "per diem," which was the actual daily net cost to the hospital for each guest. This included room, meals, help employed, and nursing costs unless a special nurse was required; doctor's fees were not included. In the 1930s, the per diem at Bryan was a little over \$5. It was made clear that:

.....No matter what the room charges, the Guest has as thoughtful, sympathetic care as can be given. This is at a cost less than could be had at a good hotel with privately served meals, but without nursing care. The Guest is also given carefully prepared food without regard to the cost of the room occupied, under the thorough supervision of a skilled Dietitian (Bryan Memorial Hospital Leaflet, 1930s).

The charges at Bryan Memorial Hospital varied from \$2 per day in wards to \$6 per day in the best rooms.

Occasionally, a person comes to the Hospital sorely in need of care, but to whom payment of full costs is impossible. Such cannot be turned away. For each person so coming, someone has to pay the difference between the actual payment made by the Guest, and actual cost of the Hospital of about \$5 per day. To provide help sometimes sorely tries the resources of the Hospital. It would not have been possible to comply with as large a proportion as is done if it were not for the White Cross Annual sustaining Gifts and the funds raised through the churches of Nebraska (Bryan Memorial Hospital Leaflet, 1930s).

From 1936 to 1946, the Bryan Foundation transferred a total of \$6,065.27 in net earnings to the Hospital for free services (Bryan Memorial Hospital, 1946).

Bryan Memorial Hospital is not a place of depression, where the corners of all mouths turn downward, and where gloom has become well established. Rather it is a home for indisposed guests where Hope and Cheerfulness combine with bright, restful surroundings and friendly sympathetic care, in quickly restoring health and happiness. The old idea that a hospital is a place to be shunned, only to be visited when life's journey is nearly done, does not obtain at Bryan Memorial Hospital. It is rather a place where an ideal home, combined with scientific treatment and care of the very highest order, and an atmosphere charged with helpful, sympathetic friendliness may quickly bring back the joys of good health, fitting the guest for years of life and happy service (Bryan Memorial Hospital Leaflet, 1930s).

The First Hospital Expansion

The first years of the hospital were very successful. By May 1, 1930, the hospital received and cared for 4,139 patients since its opening in 1926. A total of \$23,316.20 had been expended for free service to needy and worthy people of which \$18,531.11 had been received from churches. The service was impartially distributed regardless of church affiliation and religious status of the applicant (Dedication of New Unit, 1930).

The Lincoln Sunday Star reported that "almost from the first day," the demand for private rooms alone exceeded the available space. The pressure led to the planning of a new building. In September of 1928 at the Annual Conference of the Methodist Church, a campaign for raising funds was authorized and allocated to the hospital support. The amount sought was \$350,000 to build a main central unit (Dedication of New Unit, 1930).

The original design of the proposed addition to the hospital had to be abandoned because of lack of available money. The architects restudied the building plan under the direction of the Board of Trustees, and on October 6, 1929, plans to build the connecting unit and the first two stories of the central section were approved and contracts let. The total cost of the building, equipping, and furnishing the new section was \$147,952.65 (Dedication of New Unit, 1930).

The addition provided approximately 100 beds for service in the hospital. A new building housing the pathological laboratory was also added. The main building provided a well-equipped autopsy room, classrooms, and recording rooms in the basement. The formal dedication and opening of the new building took place on Thursday, May 29, 1930, at 2 o'clock with Bishop Federick Leete of the Omaha area as the principal speaker (Dedication of New Unit, 1930).

Bryan Memorial's Tenth Anniversary

The tenth anniversary of Bryan Memorial Hospital was observed on June 19, 1936. Open house was held in the afternoon when the work being done by the hospital was demonstrated to the visitors. The banquet, followed by a program, was held at the College of Agriculture campus followed by "stereopticon" views and motion pictures which showed the establishment, growth, and development of the institution. Bishop Charles L. Mead spoke at the banquet. Representatives and pastors from Methodist institutions in the state were invited to attend (Tenth Anniversary of Bryan Hospital, 1936).

Hundreds of visitors crowded through the corridors of the hospital, looked into immaculate rooms, and admired the view.

They looked into the nursery with its rows of tiny baskets, into the surgical suite, into the laboratory, and rested aching feet in the comfortable lounge to discuss with friends the wonders of modern medicine. And probably most of the visitors looked a long time at the nurses' home, which was originally "Fairview," home of William Jennings Bryan. The structure assumed its present form in 1930 when the total bed capacity was increased to 100 (Bryan Memorial is Viewed by Hundreds, 1936).



Bryan Memorial Hospital nursery, 1936

Nebraska Nursing in the Depression

The 1931 annual report given by Miss Carol L. Martin, State Director of Nursing Education stated:

It is a pleasure to announce that seven hospitals pay no monthly allowances to students. The fourteen remaining hospitals pay from \$5 to \$30 per month. It is unfortunate that the poorest schools pay the highest allowance which serves as bait or a lure to young women who may enter schools solely on the basis of the allowance paid. The Committee on Nursing Education has recommended that allowances be discontinued.

During the past few months, many young women who have spent some time as students in schools of nursing have been applying for admission to our schools, and a large number of these have been dismissed or expelled from schools of nursing in neighboring states. Unfortunately, some of those dismissed or expelled students have gained access to our schools with very little investigation having been made by the schools receiving them. Do you want Nebraska to be a dumping ground for dismissed students from other states who failed to gain access again to schools in those states?

The transfer of students and evaluation of credits must take place through the efforts of the State Educational Director, Department of Public Welfare (Martin, 1931).

There were 18 hospital schools of nursing in Nebraska in 1931. Twelve schools allowed students two weeks of vacation each year, five schools allowed three weeks, and one school allowed one month. Miss Martin commented, "Is it utterly impossible to give one month each year to each student nurse in the State? It is being done more and more throughout the country in the better schools" (Martin, 1931).

As to those who taught student nurses, Miss Martin remarked:

The quality of classroom teaching varies greatly according to the interest and teaching ability of the many instructors and lecturers in the schools of nursing. A full-time instructor is employed in all of the schools but three, and one school has two full-time instructors which is very commendable indeed. The lack of educational background is not an impossible situation in this day and age with so many opportunities easily available for further development. Night classes, extension courses, and summer sessions are all open to nurses. Extension courses may be taken from many universities all over the country. Every nurse who is a member on the faculty of a school of nursing must be registered in Nebraska. There is no excuse for this situation, and the accreditation of schools in which this occurs is seriously endangered. The nurses involved are open to payment of severe penalty according to our law (Martin, 1931).

Nebraska was reported to have reciprocity with all other states in 1931. A study revealed that the number of public health nurses in Nebraska had increased 42 percent from 1924 to 1932. Nursing jobs were scarce. Private duty nurses agreed to reduce their fees \$1.00 for each category of service. Fifteen schools of nursing had adopted the eight-hour day by 1932, and affiliations were being established to provide a more comprehensive training for students. In 1933, it was agreed that student nurses should be trained in psychiatric nursing because of the shocking increase in the number of psychiatric patients. Concern was expressed over the amount of illness among student nurses (Trott, 1956).

There was concern in the Nebraska State Association in 1930 about the over production of nurses at a time when unemployment was a growing problem; schools were urged to stop enlarging (Trott, 1956). The July 1932 bulletin of the American Nurses' Association commented on the excessive availability of nurses. "It is the large schools of nursing, not the small ones, that are responsible for the over-production of nurses." Miss Martin commented, "The number of unemployed graduate nurses is the worst form of publicity we can have for our schools of nursing" (Martin, 1931).

Miss Martin further described Nebraska nursing in 1932:

Student head nurses are found in seven schools. We even find student nurses in charge of the whole hospital at night and no graduate night supervisor being employed. Certainly this constitutes flagrant exploitation of the students, as the money thus saved to the hospital, apparently is not being used for improvement in the schools. It is manifestly unfair to the students to have to supervise themselves when they should be under the guidance of well-qualified graduate nurses, to say nothing of the injustice to the patients who should be under expert supervision at all times (Martin, 1931).

All but one of the directors of Nebraska schools of nursing had a full high school education in 1932. All full-time instructors were high school graduates and seven had college degrees. Of 120 supervisors (head nurses) who taught students, 86 had no advanced preparation and quite a number were not high school graduates. "Is it not incumbent upon us to provide a high grade faculty with more preparation than we ask of the applicants to our schools" (NSHS, 1909-1937)?

Ward teaching by head nurses and supervisors was the most significant teaching/learning situation. Morning assemblies were held by the head nurses in all hospitals. The "case assignment" or "full care" method of assigning patients was done in the hospitals. The student nurse gave the bedside care-treatments, meds and vital signs-of her group of patients while she was on duty. Miss Martin commented that "case studies" were excellent for correlating theory and practice. She spoke of "bedside clinics" (teaching periods held at the bedside or at the nurses' desk, charting desks, etc.) wherein the value lies in linking teaching of nursing closely with observation of the patients (NSHS, 1909-1937).

In 1931, there were a total of 1,122 nursing students in Nebraska, 1,102 in 1932, and 833 in 1933. There were 7,842 days lost to illness in Nebraska schools in 1932. In 1932, there were 18 schools of nursing in Nebraska, two of which admitted no classes that year. The gradual decline in the number of graduate nurses was welcome, and it was hoped that there would be no increase in the next few years. Miss Martin wrote, "the over-production of nurses is the most crucial situation confronting the profession" (Martin, 1932; NSHS, 1909-1937).

Dr. Burgess of the Grading Committee reported:

Nursing is at the crossroads. The profession is facing many problems, but the most serious fact for nursing today is that it is an over-crowded profession. There will be graduated from the schools this year something like 25,000 young women for whom there is no work. Next year there will be another 25,000 and the year after that still another. I suggest organized publicity. Talk about it to your trustees, to your medical staff, and to your patients. See that they learn it and appreciate it. They may question the facts and doubt the conclusions, but make them think about it.

High school principals and teachers should be made aware of the conditions in nursing. Only the best students in the graduating class should be encouraged to go into nursing, because they are the only ones who stand a fair chance of being successful in this over-crowded and highly competitive field. It is not fair to encourage young women to enter nursing if upon graduation they will find themselves unable to earn a living (Martin, 1932).

Miss Martin ended her 1932 presentation by advocating:

- all faculty be registered in Nebraska
- more thorough classroom teaching
- more frequent student health exams
- elimination of student specialling
- improved student living conditions
- reduction of hours of duty per week
- better record keeping
- college preparation of students admitted to schools of nursing
- admission of students who rank high in high school class
- immunizations to decrease student illness

- establishment of effective health programs in schools of nursing
- adequate clinical facilities
- affiliations for clinical experiences
- elimination of student head nurses
- better preparation of nursing faculty
- well-equipped demonstration rooms for practice (NSHS, 1909-1937).

In 1933, schools of nursing were urged to "eliminate the unfit early before they have been taught even the simplest nursing procedures." Seventy percent of Nebraska schools sent students away for some part of their training (57% nationally). Ms. Martin urged more schools to have the sciences taught on the college level: Anatomy, Physiology, Chemistry, and Bacteriology (NSHS, 1909-1937).

The State Association proposed a 48-hour work week, a more adequate income, constructive leadership, sound administrative policies, and opportunities for advancement in 1933. Many of the State's nursing schools had ceased to admit students. There had been a marked improvement in the selection of students, in living conditions for students, and in nursing procedures (Trott, 1956).

The number of students with some college preparation was steadily increasing. More effort was made to admit only those from the highest third or fourth of the senior class. Intelligence tests were given in six Nebraska schools, which was hoped would prove helpful in the early rejection of the unfit, so they could be diverted to other fields. There were far more practical nurses than graduate, registered, or private duty nurses in 1933. Statistics showed that the large majority of practical nurses were rejected student nurses. Again, it was urged that every effort be made to eliminate the unfit early before they had been taught even the simplest nursing procedures and, thus, safeguard the interests of those who gave three of the best years of their lives to the hospital service (Martin, 1933).

Several improvements were seen in 1933. Training schools were seeking to attain better methods of teaching, better physical equipment in both the hospital and classroom, and more varied and richer experiences for the student nurses outside of the home hospital. Student record-keeping had improved; theory, practice, and classroom demonstrations were more carefully recorded. Schools increased their affiliations to raise the standards of their schools and to provide a richer, broader experience for the young women they graduated (Martin, 1933).

Miss Martin's 1933 Annual Meeting report alluded to the fact that more well-trained obstetrical nurses were needed in the U.S. in order to lower the maternity death rate, "ours being one of the highest in the civilized world. A service of less than 10 obstetric patients a day does not offer a sufficient volume for teaching obstetric nursing." Fifty percent of the hospitals that taught obstetrics offered less than that. Another great gap in nursing education was the lack of training in psychiatric nursing. "Statistics in the past few years reveal a shocking increase in psychiatric patients, and student nurses should be prepared to meet this need" (Martin, 1933).

A bill in 1935 to revise the Nurse Practice Act was passed by the Legislature. The Bureau of Education and Registration for nurses was created which would function under the Department of Education instead of under the Department of Health. This gave nursing education the same status and support enjoyed by other types of professional education (Trott, 1956).

The bill also raised the entrance requirements for schools of nursing from two to four years of high school. The changes resulting from the 1935 bill drew considerable comment from physicians. They could not fathom why nurses wished to sever their affiliation with the State Health Department. Several points were emphasized to the legislators by way of explanation for the changes. All schools in Nebraska exceeded the standards set by the present law, and the

proposed bill would bring the law up to the current standards. The proposed Bureau would maintain training and educational standards of accredited schools of nursing (Simonson, 1944).

The Department of Public Instruction was the only department in the State dealing with educational matters. Therefore, assistance for nursing education could be secured under its auspices, i.e., improved methods of instruction. It placed the education of nurses more nearly on a level with the College of Medicine, which was not under the Department of Health but under the University of Nebraska. It would give the nurses of Nebraska more complete self government; more control in all matters vitally affecting the profession's standing; such as education, licensing, and registration (Simonson, 1944).

It would also give the profession fees from licensing, registration, and reciprocity for use in conducting the affairs of the Bureau. No tax money was involved. At that time, nurses got only \$1.00 of the \$2.00 annual renewal fee paid by each nurse. It was emphasized that the wish to withdraw from the Health Department was not the result of unsatisfactory cooperation between the Health Department and the nurses; it was a matter of principles, not personalities (Simonson, 1944). Nursing records at the Nebraska State Historical Society documented that "this change was made because of very unsatisfactory administration under the Department of Health and Welfare" (NSHS, 1909-1937).

There were 710 nurses enrolled in 14 accredited schools of nursing in Nebraska in 1935. Students were more carefully selected. All schools gave health examinations on admission and each year thereafter. More attention was paid to high intelligence, scholarship, personality, and social fitness. Several schools had higher failure rates in State examinations due to poor quality of teaching and supervision, poorly prepared faculty, faulty elimination of the unfit, and too long hours on duty. Nebraska students worked 42-54 hours per week on day duty and 48-70 hours per week on night duty plus class periods, study periods, and with too few or no hours for recreation (NSHS, 1909-1937).

There was a low daily average of pediatric patients in 1935 in Nebraska hospitals. Five schools had no affiliations and ten had affiliations of 2 to 10 months. Seven schools provided some form of experience in public health nursing. "The need for psychiatry affiliations is paramount." Six schools had added more hours to the curriculum. The 1935 Annual Report stated that there were more failures in State examinations in Anatomy and Physiology than any other subject. Sociology was being taught at a college or university in some schools. Students were prepared for hospital nursing primarily, not for nursing in homes. This was seen as one of the greatest problems confronting the schools of nursing in Nebraska. The report ended, "This is the thirtieth birthday of your State Association" (NSHS, 1909-1937).

By 1936, the country was in a general state of uncertainty. War again was threatening, and nurses were apprehensive. Although the Red Cross had attempted to build up its reserve for the military, nurses held back unwilling to commit themselves. The Nebraska State League for Nursing Education became the educational department of the State Association. A Public Health Section of the State Association was formed (Trott, 1956). There were fourteen accredited schools of nursing in Nebraska in 1936 (NSHS, 1909-1937).

The October 14, 1937, the Annual Report of the Bureau of Education and Registration for Nurses documented that there were 14 accredited schools of nursing in Nebraska with a total enrollment of 923. All but three schools admitted only one class each year. "Hours of duty has been a problem in schools of nursing for over forty years. Forty-eight hours has been established in two schools. Too many hospitals in the U.S. are still depending almost entirely upon students for the actual nursing service" (Martin, 1937).

The numbers of psychiatric and pediatric patients continued to be inadequate in 1937. Eight schools had affiliations. The greatest need, it was reported, was "more funds and a sounder

financial basis." There continued to be a problem with inadequate and faulty preparation of faculty, ranked the second greatest need. More faculty conferences were mentioned as being needed, as well as more careful selection of students. There had been some improvement in conducting faculty conferences (Martin, 1937).

In 1937, A Curriculum Guide for Schools of Nursing published by the National League for Nursing Education was instituted in the curriculums of Nebraska schools of nursing. Briefly, the aims of the Guide were:

To aid nurses to adjust intelligently to the innumerable and difficult situations with which they are confronted and to help prepare nurses to nurse with a broad interpretation of nursing to include a study of how nurses can meet the needs of society today. Emphasis is placed on health conservation and prevention of disease, on the social factors and problems involved as well as on alleviation and curative measures. A study of and clear understanding of health and the normal human being is to precede the study of pathological and unhealthful conditions.

There were 4,116 licensed RNs in Nebraska in 1937 (Martin, 1937). The number of accredited schools of nursing in Nebraska had dropped to 13 in the 1938 Annual Report. The following was reported:

Unwise selection of prospective students in schools of nursing has been one of the greatest difficulties with which we have been confronted, but improvement has been made in the past year. Schools are admitting only those ranking in the upper third or half in high school or they require a high school average of 85%. One of the difficulties encountered in schools of nursing is immaturity of entrants. Applicants must be a minimum of 18 years to apply. Eighteen is too young. Two schools of nursing have established 19 years, and a minimum age of 21 is preferable. These young women are often called upon to aid in caring for very sick patients and more mature students would be able to adjust more satisfactorily to the innumerable and varied situations which will confront them (NSHS, 1937-1940).

There were no more than 48 hours of duty per week for students including class periods in most schools in 1938. Three State Board Examinations were given annually. RNs in Nebraska totaled 4,525 in 1938 (NSHS, 1937-1940).

It is interesting to note that from 1927 until June 1, 1938, the passing grade on State Board Exams was 60 percent and the passing average was 75 percent. From 1938 until well into the 1950s, the law read that the passing grade was 70 percent and the passing average was 75 percent. Required clinical experiences from 1927 to 1938 had to be performed in an accredited hospital of not less than 50 beds that provided teaching experiences as well. During that period, time was spent in the following areas: Medicine, Surgery, Obstetrics, Pediatrics, Dietetics, and suggested affiliations in communicable diseases, and nervous and mental diseases.

Areas examined on State Boards from 1927 to 1935 included:

- 1) Anatomy & Physiology
- 2) Bacteriology, Hygiene, and Urinalysis
- 3) Materia Medica
- 4) Dietetics

- 5) Surgical Nursing
- 6) Pediatrics & Communicable Diseases
- 7) Obstetrics or Genito-Urinary
- 8) Ethics-History of Nursing
- 9) Medical Nursing
- 10) Nervous & Mental Diseases

In 1938, Operating Room was added to the clinical experience and Bacteriology, Hygiene, Urinalysis, and Surgical Nursing were deleted from the areas examined on State Board Exams (Nebraska State Board of Nursing, 1927-1950).

There were 998 students enrolled in 13 accredited schools of nursing in Nebraska in the 1939 Annual Report. Registered Nurses, engaged in many fields of nursing, totaled 4,551:

Institutional Nursing	922
Private Duty	982
Public Health	162
Lab Tech, X-Ray, Fever Therapy	37
Veteran's Hospitals	36
Anesthetists	24
Stewardesses	32
Industrial	12
Miscellaneous	23
Service not listed	271
Licensed, but not practicing	179

(Martin, 1939)

Student Nurses as Sources of Revenue for the Hospital

Miss Phoebe Kandel, Director of Nursing Education for Nebraska, reported in 1928 that the custom of using students for private duty nursing was found to exist in a number of Nebraska schools. She wrote:

No other type of school makes such demands upon its students. Miss Adelaide Nutting stated that schools of nursing everywhere rest upon an unsound and precarious financial basis. Few of them have any definite assured resources for the conduct of their work beyond the provision which the hospital (whose nursing services the school is supplying) is from year to year able and willing to make. Most hospitals find it hard to get enough funds to keep their legitimate work going on in a satisfactory basis. They cannot contribute to the support of the schools, and they must use the schools to help support the hospitals. Under such conditions the exploitation of pupil nurses is practically impossible to control. The long hours of duty (such as 18-hour special duty) are particularly grave in their effects upon the student's capacity to reap proper advantage from her instruction. In conclusion, any kind of satisfactory educational work is made practically impossible by such hours.

It has been recommended that schools discontinue the use of student nurses as a source of revenue for the hospital, and that their school programs be organized

according to the outlines suggested in the National Curriculum. Special duty nursing is valuable training if a student is assigned to the care of those patients unable to afford continuous nursing care by a special nurse, but not for more than eight hours of duty a day, so that she will be physically and mentally fit to attend her classes in nursing, as well as the lectures by the doctors. This offers excellent case report instruction (Kandel, 1928).

Following a study of Bryan School of Nursing in December, 1931, Miss Carol Martin, State Director of Nursing, wrote a letter to the Department of Public Welfare dated January 8, 1932:

Concerning special duty by student nurses, it is regrettable to find students being used for special duty for remuneration to the hospital. This greatly lowers the standards of the school, which would be unusually high were not this situation.

The most flagrant exploitation to which student nurses may be subjected is to place them on special duty for remuneration to the hospital and particularly to send them into homes of patients while students at the School of Nursing. Four dollars a day is charged by the hospital for student-specialling in the hospital or home. Observations of the records of some students show they were on special duty from 10 days to 29 days and in homes from 4 to 5 days at \$4 per day. This work should be offered to the graduate nurses many of whom are in dire need of employment. The standards of the school and of the State are lowered very greatly because of this situation which will not be improved until specialling by students for remuneration by the hospital ceases (NSHS, 1909-1937).

When the Board of Nurse Examiners met February 19, 1932, the Board ruled that, "Further accreditation of the School of Nursing of Bryan Hospital is seriously jeopardized if specialling by student nurses is not discontinued" (Board of Nurse Examiners, 1932).

The Depression and Bryan School of Nursing

Following a study made of Bryan School of Nursing on December 3-4, 1930, Miss Martin, Director of Nursing Education, commented in a letter to the Department of Public Welfare:

Bryan Hospital affords excellent training for nurses. The "medicine board" on the wall is cleverly arranged into the hours at which medicines are due. The "medicine cabinet" with narcotics, is in separate compartments. A red light is thrown on as soon as the door is opened, which warns the nurse she is dealing with narcotics, and she must use every precaution. Each hospital room has a closet. The nurses' home, Fairview, does not have enough dressing room space and equipment nor closet space (NSHS, 1909-1937).

The total patients for 1929/1930 was 1,138 with a daily average of 41; the American Red Cross required a daily average of 50. "This can be overcome by affiliation with some other hospital." Only three patients were admitted in psychiatry and neurology in 1930. There were 45 students in the school, all high school graduates, who were required to have an average of 85 in their high school work. "Requiring an average of 85 on entrance will eliminate, to a certain extent, poor material from a nursing standpoint." Students worked 48 hours per week with 10

hours of night duty from 9:00 p.m. to 7:00 a.m. in six-week periods with two days off at the end of six weeks. It was recommended that night duty be reduced to eight hours. Each senior nurse had to spend two weeks in the diet kitchen preparing diets for certain "diseased" conditions and computing diets and menus. Autopsies were held at 73.7 percent. There were too few pediatric patients (182/year), and it was noted that affiliation might be necessary. The amount of the nurse's board (\$10/week) was charged to the patient. Uniforms were provided except in the preliminary term. Three diplomas were granted in 1930 and two students were dismissed. A large assembly room in the hospital with a blackboard, projectoscope, and a view box was used for teaching purposes. Psychology, English, and Chemistry were taught at Wesleyan University. Miss Martin reported:

It is very gratifying to find a course in English being given in a school of nursing. It is needed in every school for nurses as nurses must be able to express themselves accurately and correctly. Poor English is a great drawback to any nurse who is constantly thrown into close contact with people from all walks of life.

The number of nervous and mental cases is increasing steadily all over the country, and this type of nursing is exceedingly helpful in the care of other cases found all through our general hospitals and in homes. People who are ill in any way usually are "unstrung" for the time being and better care and treatment of the case on the part of the nurse, is secured through a sound preparation in the care of mental, nervous patients (Martin, 1931).

In 1931, there were 46 students enrolled in Bryan: 10 preliminary, 13 first year, 11 second year, and 12 third year with two classes admitted each year. The minimum age was 18, and one semester at Wesleyan University was required for admission. Bacteriology, Chemistry, Psychology, and English were taught at Wesleyan. Students worked 52 hours per week: eight and one-half hour days and ten hour nights with two half days off per week. Three evening classes were taught, two at 8:00 p.m. "It is questionable how much the students get out of them after a day spent caring for patients in the hospital." Bryan charged \$4 for student special nurses. Students had three weeks' vacation each year, and there were 54 days of student illness in 1931. Two students were dismissed for misconduct and inefficiency and 10 students left because of poor classwork (NSHS, 1909-1937).

Miss Myrtle Dean, Director of the School, and her assistant, Miss Amy Halvorsen, lived in Fairview with the students. The graduate faculty and staff nurses lived in the "bungalow." Miss Dean received \$200 per month and maintenance; Miss Halvorsen received \$135 per month; and the graduate staff nurses received \$90 to \$110 per month. Extracurricular activities and recreational facilities included a class in clothing and interior decorating, a party each month for students, and a tennis court available for student use. "The Alumnae meet regularly once a month, but have not done anything yet for the school" (NSHS, 1909-1937).

Miss Martin made a study of the School of Nursing on December 9-10-11-14, 1931. The total patients in the hospital in 1931 was 1,693 with a daily average of 61. The daily average of pediatric patients was approximately five. "Food in the student nurses' dining room is ample and good and served by maids as it should be." All staff at the Hospital and the School were members of the Nebraska State Nurses' Association and three were members of the Nebraska State League for Nursing Education. Miss Martin suggested that the teaching staff should take advanced work to fit themselves better, especially from the standpoint of teaching students. She spoke of the serious unemployment situation for graduate nurses. "Students should become

health examination conscious so they will practice and preach it after they graduate and come in contact with others." Dietetics and Diet in Disease were taught in the kitchen under the Dietitian (NSHS, 1909-1937).

In a report to the Department of Public Welfare in December, 1932, Miss Martin, Director of Nursing Education, reported that Bryan students were not being placed on special duty for remuneration to the hospital. However, the eight-hour duty for both days and nights was not complied with nor was the further educational preparation of the graduate nurse staff of the School that had previously been recommended. Only one class was admitted in 1932 in compliance with state and national recommendations. Thirty-five students were in the school in 1932: 7 first year, 13 second, and 15 third. Eight students were dismissed and seven students left. The preliminary course was extended to five months. Many autopsies were held and students were required to attend. Objective examinations (essay type questions) were used. Two physicians taught evening classes. Miss Martin ended her report by recommending that "all graduate nurses on the faculty of the School should be members of the Nebraska nurses' organizations, including the Red Cross Nursing Service, and that the faculty become better prepared and raise the standards of the School." Swimming at the YWCA and using the tennis court comprised the extracurricular activities in 1932. "The Alumnae has been in existence for three years, but has not been particularly active" (NSHS, 1909-1937).

The December 23, 1933, letter from Miss Martin to Dr. P.H. Bartholomew, Director of the Department of Health, again stated that students were to work only an eight-hour day, and they were working 9 or 10 hours. The number of pediatric patients had not increased; surgical patients far outnumbered the medical patients in the Hospital. The School was not recording the number of hospital days in each service as had been recommended. "Fortunately, the number of students declined in 1933 to 29," six less than in 1932. Six were in the preliminary course, 5 first year, 7 second year, and 11 third year. All were high school graduates and 14 had advanced work. Students were admitted in September and February in 1933 and were required to have a least one semester of college work before admission including chemistry, bacteriology, psychology, and physical education. Exams were objective, essay, true/false, and completion (NSHS, 1909-1937).

There were no night classes in 1933. Each student was required to make one case study every three months. The "full care" method of assigning patients was used. "Careful assignment of patients, according to the needs of the students is as important as classroom teaching." Six weeks experience in the diet kitchen was required. Each student scrubbed for a minimum of ten deliveries. Hot foods were taken to the floors in an "electric thermos cart." The high percentage of autopsies secured for the benefit of medical education and study was listed as an outstanding feature of the Hospital. Each student was required to attend at least ten autopsies. Case records and efficiency records were kept monthly for each student (NSHS, 1909-1937).

Applicants to the School had to be members of some church. All students were immunized against small pox and typhoid, but no preventative measures were taken against diphtheria and scarlet fever. "Morning assemblies" were held daily, and "educational experiences" were held at least twice a week on each floor. All students were required to demonstrate back all procedures taught in the classroom; practice periods were arranged for the students to practice under supervision before they were permitted to carry out procedures in the Hospital (NSHS, 1909-1937). Recommendations for 1933 included:

- eight-hour days and nights for students
- increase in pediatric patients or an affiliation established

- demonstrations in nursing be given in clinical subjects
- faculty enroll in American Red Cross Nursing Service
- faculty take advanced work to improve themselves
- OR experience precede assignment of the Obstetric service for all students as speedily as possible
- assignments for a week at a time be kept in all departments (NSHS, 1909-1937).

In a letter dated April 2, 1934, to Bryan Memorial Hospital from Dr. Bartholomew of the Department of Health, the School of Nursing was recommended for accreditation with the following recommendations:

- more effort be put forth to increase the number of patients in pediatric service or an affiliation be established
- the surgery experience precede assignment to the obstetrical service for all students as speedily as possible
- that more members of the faculty take advanced work to improve themselves in their work with student nurses (NSHS, 1909-1937).

The enrollment for 1934 consisted of 33 students: 16 first year, nine second, and eight third. The ratio of student to patient was from one to two, to one to three. The daily average of patients in 1934 was 68 (NSHS, 1909-1937).

The study made by Miss Martin on June 11-13, 1935, reflected some improvement in meeting previous recommendations:

- some improvement made in the 8-hour day/night schedule
- the number of pediatric patients had increased
- the surgery experience preceding the obstetric experience had not been entirely accomplished
- more demonstrations had been done
- no more faculty had enrolled in the American Red Cross Nursing Service (NSHS, 1909-1937).

Twenty-five students were enrolled in the nursing program in 1935; seven preliminary (18 weeks), five first year, eight second, and five third; two classes were admitted. The minimum age was 18. There was no charge for tuition, and the school furnished textbooks and uniforms, however a deposit of \$25 was assessed. There were no scholarships in 1935, but the Alumnae Association established a loan fund and provided educational programs. It was noted that the Alumnae Association was "becoming more interested." Students were given three weeks vacation per year, and graduate staff nurses received three weeks paid vacation. Students were on duty 48 hours/week not including class hours. Night duty was 10 hours making a total of 58 hours. Evening classes were still quite numerous making a long day for the students (NSHS, 1909-1937).

Only ten case studies were made in three years. "This should be increased, because the case study method is one of the best we have in nursing education for smaller schools." It was noted that students should observe patients for whom they prepared special diets. The "case method" or "full-care method" was not well established throughout the Hospital (NSHS, 1909-1937).

Miss Martin's recommendations included:

- all faculty be registered in Nebraska
- latest texts and references be used
- faculty prepare themselves, so they will have at least as much education as is required for students on admission
- more lab work in Anatomy and Physiology
- more attention given to preparation of graphic temperature charts
- each supervisor does some classroom teaching in clinical subjects
- more case studies be made; at least two in dietary
- teach hygiene at the college level and add three hours of history in theory (NSHS, 1909-1937).

The Standard Curriculum continued to be used by the School as a guide in 1935. The School had an eight-hour duty service for the students, and class hours were taken from the student's free time, rather than from on-duty time. The students had a supervised study period from 7:45 to 9:15 p.m. They had one full-time and two part-time instructors, along with doctors, supervisors, and the superintendent to help with teaching. The amount of teaching done on the floors varied in each department. In 1935, the School had no affiliation with other schools or hospitals and no Visiting Nurse affiliation. Chemistry, Bacteriology, English, Psychology, and Physical Education were taught at Wesleyan (O'Connor, 1935).

The 1935 Course of Study for Bryan student nurses pursuing the three-year professional course to earn the Certificate of Graduate Nurse may be found in Appendix F. The following were the required pre-nursing courses:

First Semester		Second Semester	
English	3 hrs.	English	3 hrs.
Chemistry	5 hrs.	Chemistry	5 hrs.
Psychology	3 or 4 hrs.	Sociology	3 hrs.
Hygiene	2 or 3 hrs.	Bacteriology	3 hrs.
Physical Ed.	1 hr.	Physical Ed.	1 hr.
Total	14 or 16 hrs.		15 hrs.

The major difference between the requirements in 1926 and 1935 was the mandatory pre-nursing courses above, which were taught at Wesleyan and the increased number of hours required for many of the classes and labs (O'Connor, 1935).

For the five-year combined course in liberal arts and nursing for a B.S. Degree and the Certificate of Graduate Nurse, the student registered during the first and second years in the College of Liberal Arts at Wesleyan. To be eligible, students had to be graduates of accredited high schools or other preparatory schools that met the requirements of the College of Liberal Arts. The student had to complete 63 semester hours of college work, which included the regular preliminary course required for full registration in the School of Nursing. The last three years the student was registered in the School of Nursing for her professional courses. Wesleyan required the following:

FIRST YEAR

First Semester

English Composition	3 hrs.
General Chemistry	5 hrs.
Human Geography	3 hrs.
Bacteriology	3 hrs.
Physical Education	1 hr.

Totals 15 hrs.

Second Semester

English Composition	2-3 hrs.
Physiology	3 hrs.
Sociology	3 hrs.
Psychology	3 hrs.
Bible	3 hrs.
Physical Education	1 hr.

16 hrs.

SECOND YEAR

First Semester

English Literature	3 hrs.
Hygiene	3 hrs.
Philosophy	3 hrs.
Genetics & Eugenics	3 hrs.
Survey Course	3 hrs.
Physical Education	1 hr.

Totals 16 hrs.
(O'Connor, 1935)

Second Semester

English Literature	3 hrs.
Dietetics	3 hrs.
Anatomy	3 hrs.
Survey Course	3 hrs.
Survey Course	3 hrs.
Physical Education	1 hr.

16 hrs.

In a 1936 survey report from Miss Martin, Bureau of Education and Registration for Nurses, to The Honorable Charles W. Taylor, State Superintendent of Instruction, dated June 8, 1937, it was reported that "the nurses' home is overcrowded and more space is greatly needed for hygienic living." The daily patient average had increased to 79+. The number of obstetric patients was increasing, while the number of pediatric patients remained low. Student charting was reported to be "quite satisfactory." Miss Myrtle Dean was on leave of absence, and Miss Ida Sommers was appointed the Director of the School of Nursing and Acting Superintendent of the Hospital in her absence. Miss Martin urged that all supervisors be required to take advanced specialized courses "to more adequately prepare themselves for the important positions they hold on faculty" (NSHS, 1937-1940).

There were 34 students enrolled in Bryan in 1936: seven preliminary, eight first year, 11 second year, and eight seniors. Classes were admitted in September and February with a minimum age of 18. Three of the students had baccalaureate degrees. One year of prescribed college courses was required. Students were on duty 42 hours the first year, 48 hours the second year, 51 hours the third year, and 57 hours of night duty. The Alumnae loan fund was used for the first time in 1936 (NSHS, 1909-1937).

Miss Martin suggested that:

IQ tests should be given by an expert on admission to aid in determining students' fitness for this exacting work. More general duty nurses should be employed in the hospital to relieve students for classwork, study, and adequate recreation. The

supervisors should do more actual teaching in the clinical subjects; too much of this is being done by the instructor. The whole program of ward teaching needs careful study inasmuch as the new Curriculum Guide strongly emphasizes the need of closely integrating all of the subjects taught in the classroom with the clinical experience of students (NSHS, 1909-1937).

Recommendations were numerous:

- supervisors prepare themselves for positions on faculty
- program of ward teaching be developed and carried out on each service
- more pediatric patients be admitted or an affiliation
- well-equipped demonstration room be provided
- more texts and reference books be provided
- IQ tests be given on admission
- closer supervision given to charting
- no students be transferred from other schools unless they meet the admission requirements established by the School of Nursing (NSHS, 1909-1937)

The 1937 school survey of January 27-28, 1938, was reported to The Honorable Charles W. Taylor, State Superintendent of Public Instruction, by Miss Martin. The survey stated that the School of Nursing was maintained from funds of the Hospital. The overcrowded conditions in the nurses' home was mentioned again. This survey listed Bryan's bed capacity as 99 with 16 cribs in the nursery. The daily patient average was 83+ in 1937; pediatric patients increased to 9+. Miss Martin commented that if more pediatric patients were admitted to permit an adequate clinical experience, affiliation would not be necessary. Each student spent four months in pediatrics. The obstetric service was adequate; each student served as first assistant (sterile) to the physician in at least 25 deliveries. Students prepared case studies in OB and Peds. One of the School's greatest needs, according to Miss Martin, was an affiliation in Psychiatric nursing, as psych patients were increasing more rapidly than any other type (NSHS, 1937-1940).

In 1937, the School of Nursing Council was organized. The Council consisted of a Professor at Wesleyan University who was chairman, members of the Hospital Board, the Superintendent of the Hospital, and the Principal of the School of Nursing. The Council met three or four times a year (NSHS, 1937-1940).

All faculty were licensed in Nebraska in 1937 and included: Sylvia Reese, Assistant Superintendent, who taught Anatomy and Physiology; Isabel Blain, in charge of OR, who taught OR Technique; Clara Schlecht, Supervisor of the Obstetric Service, who taught Obstetric Nursing; and Helen Inness, full-time Supervisor of the Pediatric Service. Miss Martin again emphasized that "supervisors should lose no time in taking advanced preparation in the sciences and in nursing education to prepare themselves for the important positions they hold on faculty." There were ten general staff nurses who were full-time at the hospital; they earned \$55 plus maintenance for the first six months and \$65 plus maintenance thereafter. The salary of the Principal of the School of Nursing was \$135 per month and \$100 per month for the Instructors. Faculty conferences were held twice each month (NSHS, 1937-1940).

At the time of the 1937 survey, 33 students were enrolled at the school, all high school graduates. Classes were admitted twice and all applicants were given intelligence tests. Wesleyan continued to teach the science courses. Bryan was the only school of nursing in the state where all students had at least one year of college preparation in prescribed courses. "This

is of marked historical significance in nursing education in Nebraska, and it is the first time we have been able to make such a statement" (NSHS, 1937-1940).

In 1937, courses taken the first year at Wesleyan or other appropriate college were: Chemistry, Bacteriology, Psychology, Sociology, Physical Education, English, and an elective. The second and third years at Bryan, physicians taught Pathology, Medical-Surgical, Pediatrics, Obstetrics, Psychology, Anatomy and Physiology, Orthopedics, Eye-Ear-Nose-Throat, Medical Specialties, and Communicable Diseases. Instructors and Supervisors taught Diet Therapy, Massage and Correction, Personal Hygiene, History of Nursing, Professional Problems, Preliminary Professional Adjustment, First Aid, Operating Room Techniques, Nursing Arts, and Medical Nursing (NSHS, 1937-1940).

As referred to in the survey, hours on duty had been reduced: Preliminary Course, 18 hours/week; First Year, 33 hours/week; Second Year, 39 hours/week; and Third Year, 42 hours/week. The time spent by students on Special Duty included: Laboratory, three weeks; Physiotherapy, three weeks; Diet Kitchen, two months; Obstetrics, four months; Operating Room, four months; Pediatrics, four months; Medical Nursing, seven months; and Surgical Nursing, nine months (NSHS, 1937-1940).

There was a big emphasis on OR in 1937. "Attention should be given to sterilization under home conditions." Students were on night duty 48 hours per week and had no more than three months (20 nights) of night duty in three years. Three weeks vacation was given to students each year. No cash allowance was given to students in 1937, however, the school continued to furnish books and uniforms. A \$25 breakage fee was charged each student as well as a \$35 deposit required (NSHS, 1937-1940).

A new, professional library was available to students. Sixty-three books were added. The hours on-duty and all class hours were included in on-duty time. "Students are doing better work in their classes and are much happier in every way." More class periods were added in Psychiatry and three periods of two hours each were spent at Green Gables (NSHS, 1937-1940).

The survey reflected ward teaching:

The "morning circle" is being used as a means of teaching once a week, and problems of patients are taken up also. The morning circle is one of the best opportunities open to a supervisor for teaching on the ward and the only time in the day when she has all students assembled. Every effort should be made to use it as advantageously as possible, and more planned programs should be arranged and carried out (NSHS, 1937-1940).

Assignment of patients and duties was by the "case method" throughout the Hospital. Case records were kept for each student and monthly records of services through which the students were rotated. The OR experience preceded the obstetrical service for each student. Recommendations from the 1937 survey:

- affiliation in Psychiatry be established
- increased daily average of pediatric patients
- organized program of ward teaching be developed with integration of classroom teaching with clinical experience
- a dietary laboratory be provided and equipped for teaching cookery and nutrition or the course be taught at a college or university (NSHS, 1937-1940)

The 1939 survey of the School was made December 27-29, 1939. In Miss Martin's report to The Honorable Charles W. Taylor, State Superintendent of Public Instruction, she announced that the School of Nursing Council had been organized at Bryan. "The Council meets four times a year and acts in an advisory capacity. It passes on applications for admission, aids in preparing the School Bulletin, and monitors qualifications and preparation of faculty who teach." A new department, "Fever Therapy," was added to the Hospital in 1939 (NSHS, 1937-1940).

Sources of income for the School were listed as received through hospital income derived from patients and from student fees: textbooks, \$10; library, \$5; lab fee, \$10; recreation, \$5; preclinical uniforms, \$5; and breakage fee, \$25. Students had to pay for their own transportation to take the psych course at Ingleside, Nebraska (NSHS, 1937-1940).

Only one class was admitted in 1939, because it was thought that one class would result in a more satisfactory teaching program. The enrollment increased to 37: preclinical, 17; first year, 4; second year, 11; and senior class, 5. All students had one year of college preparation. Several tests were given to students: various psychological tests, IQ Test, Adjustment and Personality Test, Iowa Reading Test, and an Arithmetic Pretest. The total hours of formal classroom instruction was 1,272, not including college hours. New students were taking advanced courses or returning to Wesleyan to complete work on a degree. More emphasis was given to the social and public health aspects of nursing. Sixteen case studies were required of each student in the course of three years. National League for Nursing Education record forms were used by the School. Miss Martin found it "gratifying that the OR assignment preceded the obstetric assignment and that the obstetric assignment preceded pediatrics." The daily average of pediatric patients was eight, an inadequate number to meet the needs of the School. Beginning with the new class of students, their work on the wards was graded the same as their classroom work (NSHS, 1937-1940).

The students' duty hours were somewhat higher than the previous two years: first and second years, 42 hours/week; third year, 41 hours/week; and night duty, 48 hours/week. Only one class was admitted in 1939. Students received two half days (mornings) off per week and a whole day on Sunday (NSHS, 1937-1940).



Bryan students in
the Class of 1939

The survey outlined the great need for a separate diet kitchen for student use. "It is difficult to instruct in the confusion of the main kitchen of a hospital which is not equipped for teaching purposes." Miss Mabel Johnston, a 1932 graduate of Bryan School of Nursing, was a new supervisor on the medical-surgical unit in the Hospital. Miss Ida B. Sommer was Principal of the School and received a salary of \$150 per month. Miss Martin noted:

Inasmuch as more women with college preparation are now entering schools of nursing, it is reasonable to assume that nurses on the faculty of such schools should have at least as much education as the students they are to teach. Therefore, the supervisors should lose no time in taking further preparation in order to meet their obligations and responsibilities as faculty members (NSHS, 1937-1940).

Scholarship Cup

The Scholarship Cup originated with the second graduating class in 1930. Its purpose was to keep the standards of scholarship of the School high. Each year this cup was passed to the Junior class at the graduation of the Seniors along with the responsibility to keep the merits of the School above reproach and to maintain a high level of scholarship. They were to so live to be the examples for underclassmen. The cup was a type of loving cup on a black base with handles on either side (Bryan Memorial Hospital School of Nursing, 1937).

Memories

Graduates of the 1930s had fond memories of their training school days. Dormitory life in Fairview was uppermost in their thoughts. Mabel Johnston, Class of 1932, stayed in the house from 1929-1932. Her first bedroom was the "porch room" in the basement below the porch. "It wasn't too warm in the winter," she recalled. She said that one of her roommates was adamant that putting newspapers in her bed helped to keep her warm, and "Every time she turned over, she rattled!"

Johnston also remembered the many fireplaces in the Bryan home. "We weren't supposed to use them, but once in awhile we would empty our wastebaskets into the fireplace and light the trash." They begged some hot dogs from the cook at the Hospital and roasted wieners! She recalled a special breakfast they had every year on the main floor. Each class decorated tables and prizes were awarded. She also remembered the beautiful, impressive staircase and windows at Fairview.

The following article appeared in the Commoner in 1976:

A Nurse Remembers

Miss Mabel Johnston, Class of 1933, recalled personal experiences when she entered Bryan School of Nursing in 1929. "Nursing had not changed in the three years from the beginning of the Hospital and School."

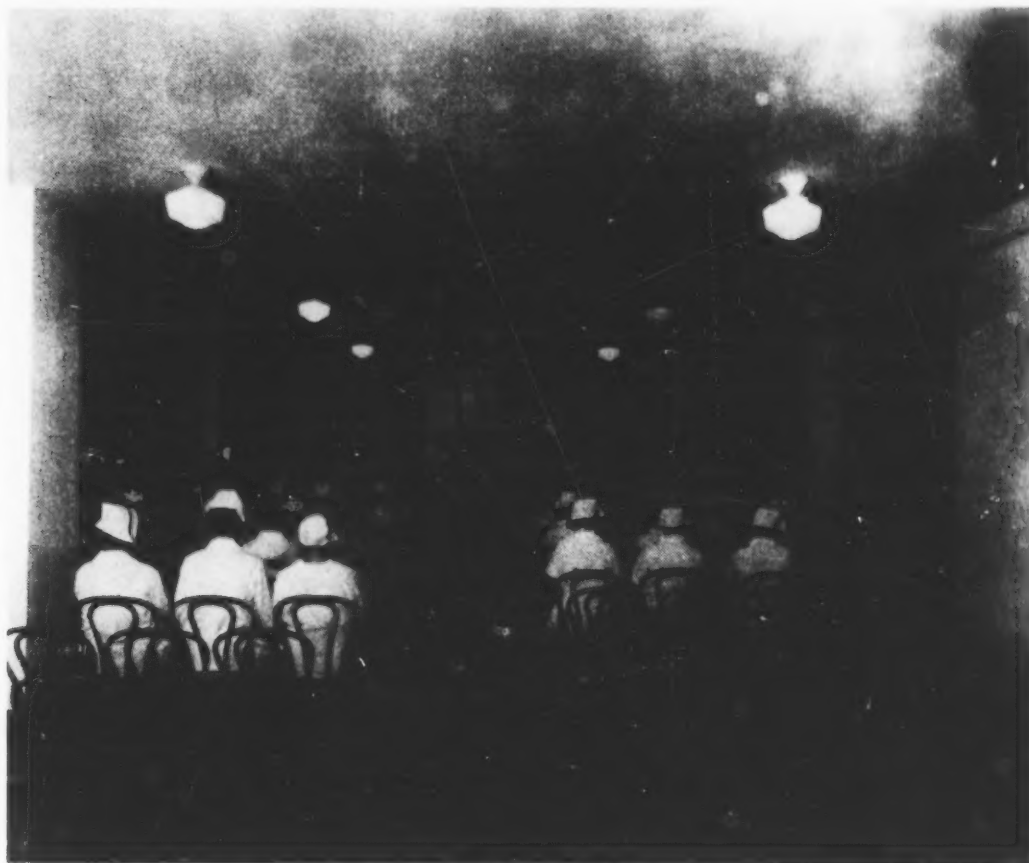
There were no objectives at Bryan School of Nursing as there have been for many years. But, I believe, we did follow some plan or aim in the care of our patients. We worked diligently to return them to health, and if this wasn't possible, we did our best to keep them comfortable.

Our patients stayed in the hospital much longer. Most patients remained in bed, many flat on their backs, for two or three weeks following surgery. They were unable

to do much for themselves, so their lights were answered many, many times during a 24-hour period. We spent much of our time at the bedside of our patients.

I believe we also did a fairly good job of meeting the total needs of the patient. We were well aware of his physical needs during the long stay in the hospital, but I feel we ministered to his other needs in quite a satisfactory manner as well. Many times we had to take the place of the family as Bryan was then considered out in the country. With fewer cars and an hourly street car on South Street, frequent trips to the hospital were more difficult for the family.

Chapel each morning at 6:15 started the day early for students. As we slipped into our stiffly starched uniforms, white aprons, and clean white shoes, we made certain our hair nets were under our caps or in our pockets so we could produce them if we were asked about them by our superiors, who kept a sharp eye for such things.



For many years students were required to attend chapel.
The students and faculty attended chapel service in the hospital.

When we left the dorm (in the Bryan Home) our rooms were in order. Beds were neatly made, folded towels hung in place at the foot of the bed. If things were not just right we could expect a note to be left upon daily inspection by the housemother.

Duties of the morning routine on the ward were about the same as today: early morning cares, T.P.R.'s (temperature, pulse, and respirations), breakfast trays, and baths.

The days we attended classes at Wesleyan meant a rush to complete our assignments for our two or three patients by 9 a.m. Then, it was a dash over to the dorm to change out of our uniforms, grab our books and run for the "always waiting" bus. It was actually a truck with seats on both sides. The favorite seat was on the floor with feet dangling out the back. We never left anyone, particularly the person responsible for the lunch we took with us. The menu changed very little from cheese or peanut butter sandwiches, bananas, and milk. Since we had no coffee break, this lunch tasted very good at noon.

We enjoyed our one afternoon off per week. This might be on a Saturday or Sunday. In the summer we liked to go raspberry hunting in the grove of trees west of 48th Street. Half days started at 4 p.m.

During our junior and senior years we were frequently called upon to do special duty. This was caring for the patient twenty hours out of twenty-four. Hours off special duty were 1-4 p.m. Some of these hours might be spent in classes. We usually studied in the evening if the patient had visitors.

The Hospital was paid for our time on special duty. This practice did not last too long as the Board of Nursing did not approve. It did help the Hospital in those depression years when they were having such a difficult time financially. We enjoyed "specialling" and felt rather privileged when we were told to go on a case.

Our practice of forced economy during the depression years stands out clearly in my memory. Due to lack of finances many supplies were very limited. Glass drinking tubes were always in short supply. The ones we had were reusable and had to be cleaned, sterilized and when some were broken, they were filed down and held over a Bunsen burner to smooth the rough edges.

Another item difficult to come by was the safety pin. Many binders were used in the treatment of the patients and these required safety pins. The most commonly used binders were the breast, abdominal and also the pneumonia jacket. Each one took many pins so they could be applied snugly to stay in place and also to be comfortable. To find enough pins sometimes could be a real chore.

There were many challenges in nursing, as we were given a great deal of responsibility very early in our training. The only R.N.'s in the Hospital were the head nurses on each floor. Most of the patient care was done by the students. This certainly gave us a feeling of being needed.

There is much more that could be said about nursing back then but with the tremendous progress that has been made in medicine, medical equipment and education, it is better to look toward the future where there are still many more wonderful things to come.

I am glad I experienced nursing in the years I did. I also feel fortunate to have experienced the progress of nursing and medicine these past 50 years (Johnston, 1976).

Jean James Litizzette, Class of 1933, worked in numerous hospitals in southwestern United States. On one occasion, she applied for a job on a neurology floor in a large Phoenix hospital. The Director of Nurses, who was President of the American Nurses' Association, exclaimed,

"You're a Bryan graduate! I know the quality of their nurses. Welcome!" She told Ms. Litizzette later that she was confident that a Bryan graduate would do a fine job!

"The first time I saw Fairview was in 1930 when I entered nurses' training," recalled LaVaughn Lutes Nuss, Class of 1933. "It impressed me, because it looked like a castle. The inside was elegant, and it was fun to explore the many doors that were not locked--the laundry room, store rooms, library. There were no houses on 48th Street from Sumner to Cotner Boulevard; it was all woods. We had many picnics there." She recalled that one of her roommates set her alarm for 4 a.m. and then hid the clock to ensure she would wake up and study. She was the only one who didn't waken and the other three in the room tried to find the clock (Litizzette, 1988)!

Edith Weston, Class of 1938, had many memories of life at the William Jennings Bryan home. "Seven probies lived in a room under the porch. We could identify the footsteps of everyone who walked across that porch!" On a more somber note, she spoke of the severe depression during her training days and fear that they would be unable to graduate because of finances. There was always talk of the nursing school having to close--times were really hard." She recalled that the student nurses behaved pretty well, because "we didn't want to get kicked out of training." They made their own rolls of plaster. Most of the mothers and babies stayed ten days, and the staff became attached to them (Weston, 1988).

Lucille Todd Witt, Class of 1939, felt her education at Bryan more than fifty years ago was excellent, but would have been very inadequate by today's standards. "Living in Fairview was nice, but it was crowded and the rules were strict!" The saddest incidents involved the death of a child, and the happiest were the deep gratitude of patients for the care they received (Witt, 1991).

"The professionalism, the nurses' cap and pin, and the pride to say that 'I am a nurse'" were the most valuable aspects of training at Bryan according to Helen Schomaker Weber, Class of 1939. There were nine "probies" in the room under the porch at Fairview.

Bathroom facilities could become pretty harried at times. There were either three or four students in a room. On today's standards this would be totally unacceptable, but we enjoyed living together, and I'm sure this had a positive influence on our characters. We certainly lived together closely and had the opportunity to practice give and take. There were strict hours with bed checks, and quiet study hours were observed during the week.

Ms. Weber recalled that caroling on Christmas by the nurses on duty was a memorable occasion. "We carried lighted candles and caroled through the halls of the Hospital." Students could not leave the floor until all bed units were cleaned and made up after a patient's dismissal. Nurses' duties included changing flowers, dusting furniture, boiling hypodermic needles prior to giving a hypo, resharpening needles, and the use of Wagensteen tubes. "When we were probies, we received our first exposure to someone who had burned to death. Without warning, we were taken to see the body" (Weber, 1991).

Mildred Cochrun Swale, Class of 1939, remembered that the probie dorm under the porch at Fairview was known as the "probie dump." Students were required to stand on a table to have the skirts of their uniforms measured to exactly 14 inches from the floor, no more (Swale, 1994)!

The following is an account of the capping exercises for the Class of 1937:

On the 27th of January, 1935, after a long siege of scarlet fever, sore throats, flu, no late leaves, and dreary winter weather, five timid probationers mounted the stairs to Miss Sommers room at 6 o'clock Sunday morning. With a few simple words, we were transformed into full-fledged nurses. Although we had no elaborate capping exercises, no class was ever more happy to get their caps than we were! The girls in the class were: Miss Ruyle, Miss McLain, Miss Hoyle, Miss Powell, and Miss McPheeters (Bryan Memorial Hospital School of Nursing, 1937).

Summary

The 1930s were important years for nursing. During this period, nurses became aware that they were an important social power. Nursing was recognized as something far more comprehensive than caring for the sick; equal emphasis was placed on the prevention of illness. Public health and other nursing specialties continued to expand. While realizing their importance to society, nurses became increasingly critical of themselves. Nursing had established high aims and standards, and the time had come to formulate and enforce them.

The Great Depression was followed by a world-wide depression in the 1930s. The "New Deal" provided temporary measures for economic relief and also more permanent measures designed to rehabilitate and stabilize the economy. The economic collapse virtually devastated private-duty nursing. Income was lowered throughout all segments of nursing.

The surveys conducted in the 1930s verified that the nursing profession was aware it needed to change to meet the demands for quality nursing care and for an improved course of study for nursing students. However, lack of trained teaching personnel was a major handicap.

During the depression years, the Hospital had many trying times, but through the efforts and devotion of the staff, employees and trustees, it managed not only to survive, but to progress (Bryan Memorial Hospital of the Methodist Church, 1968).

CHAPTER FOUR

The Impact of World War II 1940 - 1949

In 1939, international relations in Europe were steadily deteriorating. Germany had denounced the Polish Corridor, separating East Prussia from the rest of Germany. The Treaty of Versailles had awarded this territory to the newly formed state of Poland and had placed the German city of Danzig under the control of the League of Nations. The German dictator, Adolf Hitler, demanded that Danzig be returned to the Reich and that Poland grant him the right to build a road across the Corridor. Hitler delivered an ultimatum to the Polish government, but before it had time to reply, German troops invaded Poland without making a formal declaration of war. In a little more than a month, all Polish resistance to the Germans had collapsed. The Soviet Union, in accordance with the terms of a nonaggression pact, occupied eastern Poland. Two days after Hitler's armies invaded Poland, Great Britain and France declared war on Germany. The U.S. had no desire to become involved in war. The six months following the Russo-German conquest of Poland were quiet. Then in April, 1940, Hitler's armies suddenly struck in Norway and Denmark, on across the Dutch and Belgian borders, and into northern France (Kalisch & Kalisch, 1978).

News of war in Europe continued to be bleak. France had already fallen, and Britain stood in mortal danger. Preparations for nursing service in the event of war were discussed at the American Nurses' Association Convention of 1940, but no general plans were formulated. The Association failed to support reopening the Army School of Nursing (Kalisch & Kalisch, 1978).

In 1940, anticipating the possibility that war might be unavoidable, the U.S. repealed the Neutrality Act of 1935. America began to gear up for war (Donahue, 1985). On September 16, 1940, the President signed the Selective Training and Service Act of 1940, the first peacetime conscription measure ever enacted. This legislation required the total mobilization and disposition of manpower through a system at once compulsory and selective. The Selective Service System required the registration of all men between the ages of 21 and 36, and subsequently those between 18 and 64 (Kalisch & Kalisch, 1978).

On December 7, 1941, the Japanese bombed Pearl Harbor, Hawaii, in a surprise air raid that ultimately changed the course of world events. The Japanese sank five battleships and severely damaged three others. There were 2,403 Americans killed during this surprise air raid. On December 8, 1941, the United States declared war on Japan; two days later Germany and Italy retaliated and declared war against the U.S. The world was immediately plunged into a terrifying conflict known as the "total war." Nursing and health services were once again radically affected, as every man, woman, and child of belligerent countries became involved (Donahue, 1985; Kalisch & Kalisch, 1978).

World War II Changes Nursing

With the shortage of doctors, house calls went out of style and much medical care shifted to the hospital. The doctor shortage meant expanded responsibilities for nurses. They smoothly took over some of the jobs that physicians had always done--giving injections, suturing wounds, taking blood pressure readings, and drawing blood, to mention but a few. Nurses, in turn, handed some traditional nursing jobs over to non-RNs. Thus, practical nurses made their debut

in hospitals, and maids were trained as "nurses' helpers"--aides (RN at 50: Half a Century of Service, 1987).

In 1941, private-duty nurses were having trouble making a living. By 1942, hospital administrators were claiming that private-duty nursing in hospitals would soon be a thing of the past. In early 1944, an article in RN proclaimed, "Private Duty Fights for Its Life." However, it did not die in 1944--a cover story published nearly 20 years later asked, "Is Private Duty on the Way Out?" Its predominance gradually faded (RN at 50: Half a Century of Service, 1987).

Though some farsighted nurses worried about a postwar surplus of nurses, most devoted themselves to finding ways to get more work done with fewer people. Some nurses favored calling back older nurses who had been out of the work force, giving them short refresher courses, and hoping they could help ease the workload. Others argued that the training of such nurses could not come close to matching the day's new educational standards. "Technology" helped lighten the nurses workload to some extent. The introduction of disposable paper products permitted savings and shortcuts--such things as paper cups, diaper pads, paper food containers, and paper towels (RN at 50: Half a Century of Service to Nurses, 1987).

National Nursing Organizations

In early 1940, nursing organizations, government agencies, hospital administrators, and interested people in the community were beginning to think and plan toward alleviating the nurse shortage. The needs of the country had been defined as follows:

- (1) to step up recruitment of student nurses
- (2) to educate further and better prepare graduate nurses
- (3) to induce professional, inactive nurses to return to service and, if necessary, to take refresher courses
- (4) to train and use voluntary nurse aides under professional supervision
(U.S. Cadet Nurse Corps, 1950).

On July 29, 1940, at a meeting of the American Nurses' Association, the Nursing Council of National Defense was organized by six national organizations--the American Nurses' Association, the National League for Nursing Education, the Association of Collegiate Schools of Nursing, the National Organization for Public Health Nursing, the American Red Cross Nursing Service, and the National Association of Colored Graduate Nurses. One of the main purposes of the Council was to serve as a coordinating agency made up of representatives of nursing organizations, hospital and medical groups, and the general public. Recruitment of student nurses and the classification of all graduate nurses available for military service began at once. The preliminary investigations of the Council's Committee on Education, Policies, and Resources indicated financial aid to assist schools, improve the preparation of faculty members, and assist candidates who could not otherwise afford to enter nursing was a matter of primary importance (Deloughery, 1977; Donahue, 1985; Leone, 1978).

The Council cooperated with the American Red Cross in recruiting nurses for the Army and Navy Nurse Corps. Consideration of whether nurses were essential on the home front were made under the direction of the War Manpower Commission (Deloughery, 1977). Although the Health and Medical Committee of the Office of Defense, Health, and Welfare (established by the Council in September, 1940) had a subcommittee on nursing, there was little overlapping of functions. The two groups worked together, especially on the problem of nurse supply. The problem was much more serious than in World War I, because of the longer duration and wider scope of the

war effort and the much larger forces engaged in war industries as well as in military and civil defense (Leone, 1978; Stewart & Austin, 1962).

Frances Payne Bolton, Congresswoman from Ohio, wrote to nurses on November 27, 1944. The last paragraph stated:

To women has been given the greatest of all privileges, that of giving life. To nurses has been added that of rebuilding, of renewing hearts, the minds, the souls blasted by man's inhumanity to man. Ten thousand nurses are needed by the Army and four thousand by the Navy. Will you be one of them (Bolton, 1944)?

Nurses proceeded to make an inventory of available nurse power and considered persons to be recruited and trained as well as the best use of existing resources (Stewart & Austin, 1962). The national inventory of nursing personnel revealed an acute shortage and showed there were about 100,000 nurses under 40 years of age, unmarried, and potential recruits for the Red Cross Nursing Service (Deloughery, 1977).

Quotas were assigned to states and local communities. Regional committees helped nurses and employees make decisions about nurse assignments and replacements involving military versus civilian needs. Short courses for nurse teachers and supervisors as well as refresher and in-service programs for older nurses and aides were initiated and programs for students accelerated (Stewart & Austin, 1962).

As the war went on, the National Nursing Council for War Service, Inc. had representatives from the original six national nursing organizations and added representatives from the Council of Federal Nurse Services; the Division of Nursing Education, the U.S. Public Health Services; the Nursing Division, Procurement and Assignment Service, War Manpower Commission; the Subcommittee on Nursing, Health, and Medical Committee; the International Council of Nurses; and the American Hospital Association. The National Nursing Council for War Service was organized as a coordinating council for these organizations concerned with nursing. All during the war, the National Council provided a way of integrating and coordinating the programs of organized nursing and of fulfilling the war needs, both civilian and military (Deloughery, 1977; Dolan, 1978).

In 1943, members voted to keep the Council active throughout the war and six months thereafter. Soon after V-J Day, the Kellogg Foundation guaranteed to finance the Council programs through mid-1946. At the end of the war, it continued as the National Nursing Council for the purpose of sponsoring three studies: a history of its own accomplishments (presented in The History of the National Nursing Council), an economic survey of the nursing profession (compiled by the Bureau of Labor Statistics), and a study of nursing education (Deloughery, 1977; Dolan, 1978).

With the publication of the Brown Report in 1948, the Council achieved its final objective and dissolved that same year. The National League for Nursing Education formed a committee to implement the recommendations of the Brown Report to analyze the problem areas in nursing, propose solutions, and initiate action at all levels. This committee was later named the Committee for the Improvement of Nursing Services (Fitzpatrick, 1983).

A \$28,000 grant was obtained from the Carnegie Foundation, and Esther Lucile Brown, director of the Department of Studies in the Professions at the Russell Sage Foundation, was appointed to carry out the study of nurse education. She had authored Nursing as a Profession in 1936 and revised it in 1940. Brown was well-prepared to conduct the survey since she had conducted studies and published findings on the role of education in many other professions. The problem for the study of nurse education revolved around the question: "How should a basic

professional school of nursing be organized, administered, controlled, and financed to prepare its graduates to meet community needs?" Brown visited about fifty schools and held three regional conferences of nursing leaders. Her findings were interpreted and discussed, and in September of 1948, 28 recommendations were published in Nursing for the Future, also known as The Brown Report. It called for a thorough reorganization of nursing education and service and the building of basic schools of nursing in universities and colleges comparable to medical schools (Donahue, 1985; Dolan, 1978; Fitzpatrick, 1983).

The report recognized the nurse as a social necessity, but observed that society did not assist nursing education as it did teacher training. Financial support for nursing education was shockingly inadequate. The report was endorsed by the boards of directors of the six national nursing organizations in existence. Physicians and hospital administrators were openly hostile to the recommendations which would provide nursing with more autonomy, the development of nursing programs in colleges and universities, the upgrading of nursing through increased educational requirements, and enhancement of the image and professionalism of nursing (Donahue, 1985; Dolan, 1978; Fitzpatrick, 1983).

In 1946 the American Nurses' Association house of delegates voted to establish an Economic Security Program to stabilize nursing services, improve working conditions, and provide immediate and long-term economic security for nurses in all fields. The delegates also promoted the 8-hour day and 40-hour week. State nurses' associations were encouraged to conduct active programs including collective bargaining. In 1949, the National Committee for the Improvement of Nursing Services issued its report, Nursing Schools at Mid-Century (Fagin, 1990).

National Nursing Legislation

An emergency health and sanitation bill was passed on March 1, 1941, which provided funds to supplement public health nursing services for families of workers in major defense industries. The funds for this program mandated the recruitment of 115 public health nurses. In addition, 90 more were needed at once by the Public Health Service (Kalisch & Kalisch, 1978).

On June 28, 1941, President Roosevelt signed the Community Facilities Act, known as the Lanham Bill. Under the terms of this act, nonprofit private agencies received grants from the federal government for the equipment and operation of community service facilities in defense areas, including schools, hospitals, and clinics. Within six weeks, the President had approved federal grants for a number of hospitals, clinics, and nurses' homes (Kalisch & Kalisch, 1986).

In order to ensure an adequate supply of well-trained nurses for both military and civilian nursing services, Congress passed the Federal Security Appropriation Act on July 1, 1941, through the efforts of Ohio Congresswoman, Mrs. Frances Payne Bolton. In July, 1942, this appropriation was increased to \$3.5 million. The initial appropriation of \$1,800,000 was earmarked for nursing education. Funds were allocated for refresher courses to prepare retired nurses in modern methods, for supplementary courses in special fields, and for aid to basic schools of nursing to increase the number of students in regular undergraduate classes. Letters were sent to all 1,400 state-accredited schools of nursing and universities offering nursing education programs. Three hundred schools of nursing applied, and 88 were selected to receive this federal aid to train additional nurses. Sixty-seven schools in 32 states offered refresher courses to 3,000 graduate nurses, and 26 other schools enrolled 500 graduate nurses for postgraduate study (Donahue, 1985; Kalisch & Kalisch, 1986).

In 1942, Mrs. Bolton sponsored a second bill in Congress (Public Law 77-146), creating the U.S. Cadet Nurse Corps, which had been carefully planned by the National Nursing Council for War Service. The aim was to increase as rapidly as possible the number of nurses in the country.

On June 15, 1943, the Bolton Act (Public Law 78-74) was passed by Congress, and the Corps became a fact. The Bolton Act was placed under the Division of Nurse Education of the U.S. Public Health Service. The Act created a system of government scholarships for qualified young women. It was the largest project for nursing education ever planned (Dolan, 1978; Kalisch, 1988). This legislation provided the first government funds for the education of nurses for national defense, and under the terms of the Act, 1,000 graduate nurses were given postgraduate preparation, and 2,500 nonpracticing nurses were given refresher courses (Deloughery, 1977). Dr. Thomas Parran, Surgeon General of the U.S. Public Health Service, said, "The Bolton Nurse Training Act was the most important public health law passed by the Congress during the war" (Kalisch, 1988).

Dr. Parran, urging hospitals, nursing schools, and other interested groups to give the program full publicity and to act with all possible speed in making their applications, said:

The task of the U.S. Cadet Nurse Corps is to enroll 65,000 additional students in basic schools of nursing during the present fiscal year; to make the students available for full-time nursing duty under supervision at an earlier date than was possible under the former plan; and to maintain a continuous supply of graduate nurses pledged to serve in essential nursing positions for the duration of the war. Whether we accomplish this vital war objective depends upon the teamwork which all of us apply to our specific tasks in the program (U.S. Public Health Service, 1943).

On Saturday, May 13, 1944, the U.S. Cadet Corps inducted approximately 96,000 student nurses into the Corps. In a speech aired on NBC, the development of the Corps was reviewed, and the uniform, personal benefits, and the opportunities for nurses after the war's end were outlined. The speech continued:

...Since it is woman's part to heal and comfort, nursing is the most womanly of the professions. There is something in the training of a nurse which makes a difference in her adjustment to basic human problems. The profession of nursing diligently pursued with wise hands, a cool head, and a warm heart builds a woman to the fullest measure of her potentialities. This, in itself, is rewarding. As a profession, it has an honorable history and a proud future (U.S. Public Health Service, 1944).

Dr. Parran issued a paper on December 8, 1943, outlining the rules and regulations concerning the proper care and wearing of the Cadet Nurse Corps uniform. Instructions were given as to the neatness of the uniform, disfigurement of it, and jewelry to be worn (only wrist watch and simple rings). The wearing of insignias was clearly given, and "the hair should be arranged so that it does not touch the shoulders." A winter suit, two summer suits, reefer coat, raincoat, blouse, beret, and handbag were provided. Proper gloves, shoes, and stockings were described, but were not furnished by the Corps (Parran, 1943).

Two other major efforts to relieve the nursing shortage had long-range effects in the practice setting. One was the recruitment of inactive nurses back into the field. For the first time, married women and others who could work only part-time became acceptable to employers and later became part of the labor pool. The other change was the training of volunteer nurse's aides. During World War II, both the Red Cross and the Office of Civilian Defense trained more than 20,000 aides. At first, they were used only for non-nursing tasks, but the increasing nurse shortage forced them to take on basic nursing functions. With the continued nursing shortage

after the war, trained aides were hired as a necessary part of the nursing service department (Kelly, 1985).

The Bolton Act mandated many changes in nursing education. The curriculum was accelerated and shortened by six months; minimum standards were established; the student's work week (both class and clinical) was limited to 48 hours. Aims of nursing education were reevaluated, and appropriate institutions for offering nursing education were considered. The program required that there be a separate budget for the school, and this resulted in consideration of the school as separate from the hospital. For the first time, funds were made available for postgraduate courses to prepare nurse educators and administrators (Larson, 1987).

A new Division of Nurse Education was created to administer the Bolton Act appropriations, which soon amounted to more than 50 percent of the entire U.S. Public Health Service annual budget. Lucile Petry Leone headed the Division and played a vital role in implementing the program. She laid the foundation for what was to alter the course of nursing education throughout the country. The Division played a major role in fighting for true education for nurses--a real shift from nurses' training to nursing education. The Division arranged conferences with consultants involving all participating schools. Record keeping and analysis of data led to a push for accreditation as well as planning for future developments in education (Larson, 1987).

Major changes also occurred with the armed forces. Nurses in service carried officers' titles, but had less power and pay than their male counterparts (Kelly, 1985). For example, the nurse ensign received a base pay of \$90 per month compared to \$150 for a male ensign. On June 22, 1944, Congress enacted a law providing members of the Army Nurse Corps and the Navy Nurse Corps with temporary officer's rank. For the duration of the war and six months thereafter, they were entitled to the same initial pay, allowances, rights, benefits, and privileges as prescribed by law for commissioned officers (Kalisch & Kalisch, 1978). In 1947, full commissioned status was granted, giving them the right to manage nursing care. At the same time, discrimination against black nurses ended, but it was not until 1954 that male nurses were admitted to full rank as officers. As in all previous wars, nurses proved themselves able and brave in military situations, and their stories were told in films, books, plays, and historical nursing research (Kelly, 1985).

In 1946, the Hospital and Construction Act, also called the Hill-Burton Bill, was signed by President Truman. This provided a five-year federal grant-in-aid program to the states for the purpose of surveying needs, planning, and constructing necessary hospitals and health centers. The federal government paid one-third of the cost for the survey and construction, and the other two-thirds was assumed by the individual states. This was a challenging opportunity for nurses to be consulted and make suggestions for the planning of work areas in which they would carry out their duties. While nursing assumed new functions following the war, it still clung to old methods, and nurses frequently worked in antiquated work areas, walking miles and carrying heavy equipment (Dolan, 1978).

The case method of patient care was no longer feasible because of the acute nursing shortage. A different assignment pattern was required utilizing less well-prepared personnel. The functional method of assignment was designed for the task-oriented form of nursing that developed. This resulted in fragmented care, which drew criticism from patients and caregivers. One nurse was assigned to give all medications, another to take all vital signs, and another all the treatments. Gone was the patient-centered and family-centered approach. Critics decried the lack of "total patient care." One solution to this perplexing dilemma resulted in the team approach to nursing care, which utilized personnel of difference levels of training and experience. The team method of assignment evolved (Dolan, 1978).

In 1947, the Eightieth Congress passed the Taft-Hartley Act, exempting nonprofit hospitals from the obligation to bargain collectively; many employers were encouraged to refuse to meet

with their nurse employees to discuss working conditions or other matters affecting patient care. Some hospitals interpreted this exemption as a legal sanction for their refusal to engage in collective bargaining with nurses, a view which had been expressly denied on the floor of the Senate. At other times, hospitals seemed to regard the exemption as the equivalent of outright prohibition of collective bargaining. Two bills relating to the Taft-Hartley Act were introduced in Congress, but were not acted upon before adjournment of the Eight-first Congress (Kalisch & Kalisch, 1978).

The United States Cadet Nurse Corps

The Cadet Nurse Corps was designed to attract students to schools of nursing when World War II raised the demand for nurses to phenomenal heights. It was an exciting program that had a strong impact on the development of nursing. The program provided a way for students of nursing to complete their education and serve their country at the same time. The program was implemented to prevent the collapse of hospitals of the country and to assure that the nursing needs of the armed services were met (Leone, 1978).

The Corps was not a military program, although it was supported by the War Department, later called the Department of Defense. The program provided attractive outdoor uniforms for students of nursing who joined the Corps, which designated the importance of the participants in the war effort. In return for full scholarships, a non-expense professional education, and a small stipend (\$15 for the first 9 months, \$20 for the next 21 months, and \$30 during the last 6 months), each Corps member promised to serve as a nurse in a military or essential civilian institution until the end of the war. Students chose the schools they attended. Those entering the program had to be between 17 and 35 years old, in good health, and with a good academic record in an accredited high school. (Kalisch, 1988; Leone, 1978; Kelly, 1985).

The main purpose of the Bolton Act was to prepare nurses in adequate numbers for the armed forces, government and civilian hospitals, health services, and war industries through appropriations to institutions qualified to give such preparation. The program was carried out by a newly created Department of Nursing Education in the U.S. Public Health Service (Deloughery, 1977). With the aid of a high-powered recruiting program, liberal scholarships and subsistence grants, and an attractive uniform, 170,000 Cadets were enrolled in 1,125 schools between 1944 and 1946, comprising 95 percent of the total enrollment in basic nursing programs for those years. The total admission to schools of nursing numbered 179,000 of which 169,443 were Cadet Nurses. This was a remarkable achievement, considering the competing appeals for women war workers at this time and the difficulties met in expanding the teaching, clinical, housing, and other facilities needed for these enlarged quotas (Kalisch, 1988; Stewart & Austin, 1962).

New recruits entered the Corps to take over civilian bedside hospital nursing to release thousands of graduates for military nursing (Sellew & Ebel, 1955). During the peak of the war years, it was estimated that students provided approximately 80 percent of the nursing service in the 1,296 hospitals of the country that operated schools of nursing, and that these hospitals cared for 56 percent of the total patient load in the nation's hospitals (Kalisch, 1988). The increase in students compensated for the loss of RNs to military services (Leone, 1978). Students were trained to carry on the techniques and traditions of professional nursing service and to be responsive to changing social needs, while remaining fundamentally constant in the care of the sick and in the teaching and building health of body and mind (Sellew & Ebel, 1955).

In 1945, of the programs participating in the Cadet Nurse program, only 23 percent of the educational personnel in schools of nursing had a baccalaureate degree, while 27 percent were in the process of working on one. Four percent of the instructors and administrators held a

degree higher than a baccalaureate and two percent were working toward such a degree (Dolan, 1978).

The Bolton Act brought about several changes in nursing. It prohibited discrimination on the basis of race and marital status and set minimum educational standards. Discrimination, theoretically accepted, was not always implemented in good faith. The educational standards, combined with the requirement that nursing programs be reduced from the traditional 36 months to 30, forced nursing schools to reassess and revise their curricula (Kelly, 1985).

The question of requirements was further complicated by the acceleration of nursing programs, which was required for participation in the Corps. To meet the urgent needs, provision was made for the final six months of the nursing course to be spent in essential civilian or governmental agencies, such as the Army, Navy, Veterans, Indian, and Public Health Services. Large numbers of senior students were sent across state lines for this experience. The approval of state boards was necessary for these programs. The Clearing Bureau on Problems of State Boards of Nurse Examiners adopted an arrangement whereby reports of surveys were made available by all states, thus facilitating travel orders for the nursing students and guaranteeing the suitability of services for student experience (Sellew & Ebel, 1955). Approximately 50 senior cadets were accepted in each designated Army hospital at staggered dates, each serving 15 days. Cadets could be accepted from four to twelve months depending on the candidates. Instruction given in Army hospitals was confined to the ward teaching program since the basic preparation was previously completed. Senior cadet nurses wore the uniform and cap of their home schools when on duty in Army hospital wards. Travel expenses were paid by the Cadet nurses (U.S. Cadet Corps, 1943).

The total cost of the program was \$160 million, which was a large sum for the nursing profession in the early 1940s, but a small price when war made spectacular demands on military and civilian nursing. The Corps brought many kinds of people and institutions together--universities, hospitals, medical centers, health agencies, secondary schools, organizations of many professions, all kinds of nurses, and the public. These bonds persisted and grew; roles were understood and expanded. The arrival of nursing into the mainstream of health and education was greatly accelerated by the Cadet Nurse Corps (Leone, 1978).

Lucile Petry Leone, Director of the Cadet Corps during World War II listed the benefits of the Corps:

- (1) Nursing schools became educational entities and were no longer merely adjuncts to hospitals.
- (2) School libraries were established, enlarged, or rented.
- (3) The Corps was responsible for the largest amount of information ever collected about nursing education.
- (4) Corps nurses continued to supply nursing services for many years following the war.
- (5) New role models for nursing (i.e. consultants) were developed.
- (6) School curricula were improved even though the programs were accelerated.
- (7) Teachers were better prepared.
- (8) The program revealed the need and value of government support for nursing education and research in nursing.
- (9) Nursing polished its image and attracted fine candidates.
- (10) More good students were taught by better-prepared teachers, thus improving the health of the American people (Kalisch, 1988).

At the conclusion of the war, the federal government continued to employ one-third of the current graduates; many went to nurse in Army, Navy, or Veterans hospitals or some other government employment. Private duty in the hospital or home had traditionally been the backlog of the nursing profession, but in the mid-1940s it no longer occupied 80 percent of the graduate nurses. The demand for public health nurses was relatively unlimited. Nurses were needed to teach health and guard health in city, home, and rural areas; also in schools, mines, mills, factories, banks, and stores. Nurses wishing to enter the teaching or administrative fields completed Bachelor or Master of Science degrees. Teachers were needed badly to teach nursing to incoming students entering schools of nursing (Sellew & Ebel, 1955).

Without the response and the service of the thousands of Cadet nurses, it would have been impossible to meet civilian and military needs. Both hospital insurance and the higher wage scales of the war years made hospitalization possible for many who formerly could not afford the expense, thus adding to the demands on the profession. Not only was hospital census high, but graduates were withdrawn from the wards for military nursing. Students who entered in 1943 and thereafter had to be prepared to provide adequate graduate service for the constantly mounting load (Sellew & Ebel, 1955).

The "Cadet Nurse Creed" was printed in the Cadet Nurse Corps News in 1945. "As a Cadet Nurse, I will try to be:

- C - Competent in action
- A - Alert to conditions
- D - Determined in manner
- E - Eager for perfection
- T - Teacher of health

- N - Never forgetful
- U - Unselfish in service
- R - Reliable in duty
- S - Sincere at all times
- E - Ever reaching to God for strength and support"

(Cadet Nurse Creed, 1945).

Army and Navy Nurse Corps

With the outbreak of World War II, members of the Navy Nurse Corps found themselves in the center of initial activity. By July, 1942, a total of 1,778 Navy nurses were on duty, 951 of which were in the U.S. Naval Reserve. By 1945, the Navy Nurse Corps had increased to over 11,000 with the addition of nurses from the Cadet Nurse Corps (Deloughery, 1977).

Training for the air evacuation of casualties became increasingly important, and the first naval school for the instruction of nurses in the air evacuation of casualties was opened. General naval science was taught. All during the war, basic training or indoctrination courses were given to nurses in the army and navy. Education in various nursing specialties, such as psychiatric nursing, was provided (Anderson, 1950).

The Surgeon General's office had stated repeatedly that it did not want to assume the responsibility for recruiting nurses. The situation was clarified in 1942 when the Surgeon General's office announced that the Red Cross was the official recruiting agency of the Army Nurse Corps. The Navy Nurse Corps did not work as closely with the Red Cross as the Army Nurse Corps, and by the end of 1946, the Navy Nurse Corps had taken over the processing of

its own applicants. In spite of all these activities, the number of nurses in actual service was less than the number needed. In the spring of 1944, the goal of 40,000 nurses for the army had been reached, but the Surgeon General requested 10,000 more (Deloughery, 1977).

On January 6, 1945, President Roosevelt came forth with an unprecedented request for a draft of women nurses. The American Nurses Association went on record as approving such a move provided that the Selective Service legislation include all women. The Nurse Draft Bill quickly passed the House of Representatives, but became bogged down in the Senate. The threat of the draft initiated an overwhelming mass of applications from nurses for war service, and the result was an excess of nurses in the military. The conclusion of the war on the European front made the draft bill virtually unnecessary, and it was quietly withdrawn in May, 1945 (Donahue, 1985). In April, 1947, a permanent nurse corps for the army and navy was established by the government. This act removed the need for the Red Cross to maintain a roster of reserve nurses for the army and navy (Anderson, 1950).

Nursing in World War II differed from nursing in any other war. Tremendous advances in medical science and the widespread activities of a large variety of fighting men presented a challenge and great responsibility to the Army and Navy Nurse Corps (Deloughery, 1977). Nurses constituted an integral part of the military structure. They were accustomed to organization, had a working knowledge of war, and were prepared to meet the demands of modern warfare. The global scope of World War II presented a sharp challenge to military nurses. By the end of the war, nurses had been stationed in approximately 50 nations throughout the world. Speed in rendering care was probably the biggest factor that kept the death rate below that of World War I. Nursing care also contributed to the statistics and made a great difference in the recovery of sick and wounded soldiers (Donahue, 1985).

The peak strength of the Army and Navy Nurse Corps was nearly 69,000 during the war. Nurses gave care on the front line, in field hospitals, evacuation hospitals, base hospitals, hospital ships, trains, and in the air. Army nurses served at nine stations and 52 areas. Navy nurses served on a dozen hospital ships and in over 300 naval stations. More than 1,600 nurses were decorated for meritorious service and bravery under fire. Throughout the war, both army and navy nurses were held prisoners by the Japanese in the Philippines until their release in 1945. Eleven navy nurses were held captive for a period of 37 months (Donahue, 1985).

A new field of military nursing, flight nursing, opened up in the war. Both the Army and Navy instituted flight nurse programs for assistance with air transport for the evacuation of wounded soldiers. A final newcomer in the federal nursing services was the Air Force Nurse Corps, established with the Air Force Medical Service in July, 1949. A total of 1,199 army nurses on active duty transferred from the Army to the Air Force and became the nucleus of the Air Force Nurse Corps (Donahue, 1985).

Licensure Problems of World War II

Four problems of licensure came into prominence early in the war. The first was the urgent need for large numbers of military services. Even with minimum standards for military service, many students could not qualify because of the poor quality of the schools from which they graduated. A second problem was the delay between the finishing date and the date of the next state board examination for licensure and the time needed to hand correct examinations of hundreds of candidates and issue licenses. A third problem arose when many married nurses accompanied their husbands in military service to other states and were unable to secure a license in a new state, because of variations in requirements between states. The fourth problem was with nurses in Federal Services (Public Health, Military, or Veterans) who were involved in

licensure problems when they were moved from state to state and when the legality of their practice was questioned (Anderson, 1950).

The licensure problems were typical of many extensive and urgent matters confronting the nursing profession. Individual organizations concerned with their own interests could not meet the new demands. Even before the war, the six national organizations centralized and spearheaded their efforts through the formation of the National Nursing Council for Defense, which became the National Nursing Council for War Service in 1944. Recruitment, procurement and assignment, federal aid, and licensure problems were referred to this group. The result was the request of the American Nurses' Association in 1943 to organize a Clearing Bureau for State Boards of Nurse Examiners (Anderson, 1950).

The American Nurses' Association Bureau for State Boards of Nurse Examiners was created in August, 1943, by the Board of Directors through the appointment of an Advisory Committee for a Clearing Bureau on Problems of State Boards of Nurse Examiners. One of the two purposes for creation of the Bureau was "the setting up of minimum standards of nursing education for interstate licensure, which may be acceptable to all states." The Bureau collected information from all states regarding their requirements for licensure of out-of-state applicants who were already licensed in other states. The greatest problem centered around the requirements in organized instruction and related clinical practice in the basic nursing program. Questionnaires were sent out, the results tabulated, and a suggested Minimum Reciprocity Curriculum recommended to the states for adoption. By June, 1944, 24 states were willing to adopt this curriculum in acting on credentials of out-of-state applicants (Anderson, 1950).

In January, 1946, the Bureau appointed a sub-committee on Registration and Reciprocity to further study the question of interstate licensure. A questionnaire was sent to the State Boards of Nursing asking whether the new policies and procedures might be adopted to facilitate interstate licensure. After the data were compiled, the results were presented at the 1947 conference of state boards and were made available by the American Nurses' Association (Anderson, 1950).

Postwar Nurse Shortage

When the war ended in 1945, some 50,000 nurses returned to civilian life; federal law required they be reinstated in jobs they left to enter the service. Industrial nurses were laid off as factories went back to peace time schedules. One would have thought that the country would have more nurses than could be effectively utilized. In fact, the hospital staffing shortage did not improve at all (RN at 50: Half a Century of Service, 1987).

Many different explanations accounted for the shortage. Many nurses who served in the war were accustomed to doing far more than their civilian counterparts, and they chose not to accept their old staff jobs. The eight-hour day and 40 to 48-hour week meant that nine nurses were needed where six sufficed before. The hospital population stood at an all-time high due in part to hospital insurance coverage. There were also more hospitals due to Hill-Burton funds available for hospital construction. From 1946 to 1956, the number of hospitals rose 14 percent and admissions soared by 41 percent. New fields opened for young women who would have gone into nursing earlier. During the postwar baby boom, many dropped out of nursing to raise families. Part-time nursing became increasingly popular, which decreased the total number of nursing hours (RN at 50: Half a Century of Service, 1987).

By the end of the 1940s, hospitals realized that simply hiring LPNs and aides would not end the nursing shortage; RNs still had much to do. Many hospitals began reassigning duties that had traditionally been handled by nurses; i.e. the dietitian prepared infant formulas, central supply

came under the direction of laymen, pharmacy delivered drugs to the floors, and some even began to employ floor clerks (RN at 50: Half a Century of Service, 1987).

After demobilization, it was expected that gaps would be filled in civilian hospitals and nursing agencies, and prewar standards of service would be restored. But in spite of the large wartime increases, the shortage of nursing personnel and the instability of services grew worse instead of better. Student recruitment fell off sharply, volunteer aides melted away, and many graduates dropped out permanently or temporarily to study, rest, retire, marry, or go into other work. Hospitals which had increased their admissions 75 percent between 1936 and 1946 because of insurance plans, higher birth rates, and other causes had to reduce their patient admissions and close wards because of the lack of nursing and domestic staffs. In some large institutions, the quality of nursing service had deteriorated so much that little more than custodial care could be given by the relatively untrained and shifting personnel. Medical, public health, and hospital planners announced that hospitals must double their capacity in the next few years to care for expanding hospital and public health needs. Few anticipated difficulty in hiring the number of nurses needed, and some again proposed the lowering of standards for RNs (Stewart & Austin, 1962).

Only one of six Army nurses planned to return to her civilian job, because she found more satisfaction in the service. Poor pay and unpleasant working conditions discouraged civilian nurses as well. In 1946, the salary for a staff nurse was approximately \$36 for a 48 hour week, less than that for typists or seamstresses and much less than that of men. Split shifts were common, with nurses scheduled to work from seven to eleven and from three to seven, with time off between the two shifts. Staffing was short and work was especially difficult. Only about 12 percent of nurses questioned planned to make nursing a career, and more than 75 percent saw it as a pin-money job after marriage or planned to retire altogether as soon as possible (Kelly, 1985).

In 1949, the American Nurses' Association approved state associations as collective bargaining agents for nurses; unions were beginning to organize nurses. However, because the Taft-Hartley Act excluded non-profit institutions from collective bargaining, hospitals and agencies did not need to deal with nurses. Also, the American Nurses' Association's no-strike pledge took away another powerful weapon (Kelly, 1985).

One group of workers that proliferated in the postwar era were practical nurses defined as "those trained to care for subacute, convalescent, and chronic patients under the direction of a physician or nurse." Practical nurse preparation and licensing were being actively promoted by the National Association for Practical Nurse Education, which was formed for this purpose. Thousands who designated themselves as practical nurses had no such skills, and their training was simply in caring for their own families or, at most, aide work. In 1947, there were only 36 practical nurse schools in the U.S. By 1950, there were 144,000 practical nurses, 95 percent of them assigned to do "whatever nurses had no time to do" (Kelly, 1985; Stewart & Austin, 1962).

Soon, team nursing was developed; the nurse as team leader was responsible for planning patient care, and less prepared workers carried out the nursing. Although the plan persisted for years, it did little to improve patient care; rather it kept the nurse mired in paper work, away from the patient, or it required the team leader to make constant medication rounds. Often practical nurses carried the primary responsibilities for patient units on the evening and night shifts, with the few nurses available stretched thin, "supervising" these workers (Kelly, 1955).

Nursing Education

Even as World War I had forced rapid adjustments in nursing resulting in changes, studies, and new programs, World War II had a marked and even more violent reaction on nursing education. The immensity of the war effort and the staggering number of personnel needed forced nursing into an all-out effort. Millions of dollars worth of recruitment publicity was expended to achieve the recruitment goal of 125,000 nursing students in two years through the U.S. Cadet Nurse Corps. The facilities of schools and hospitals were stretched to capacity, while 75,000 graduates applied for military service. Every effort was made to maintain quality, but increasing numbers of students were admitted to schools which often had no prepared faculties and few doctors for lectures. The educational program was accelerated to permit six months of nursing service free from required educational demands. Large numbers of students of questionable caliber were admitted in order to meet quotas. The quality of education in many schools deteriorated, probably never to return to even the prewar standards (Anderson, 1950).

Although nursing services and educational programs were less efficient and stable because of the wartime conditions, definite permanent gains were made. Some resulted from the efforts to economize nurse power, accelerate educational programs, and improve the preparation of hospital and nursing school staffs. Federal and other scholarships were available, and later the G.I. Bill of Rights provided substantial assistance to men and women who had served in the armed forces. The better salaries of the Veterans Administration also gradually brought about an improvement in wages in civilian hospitals. Some of the notable advances made in the field of nursing were:

- (1) integration of races in basic nursing education
- (2) commissioning of black nurses in the armed services
- (3) coeducation of men and women
- (4) admission of married nurses in civilian and military nursing services
- (5) a more cordial relationship between professional nurses and nonprofessional workers
- (6) expansion of Veterans Administration hospitals for clinical practice in nursing education (Stewart & Austin, 1962).

In January, 1944, the first series of State Board Test Pool Examinations for professional nursing licensure was released. By 1950, every state and some provinces in Canada were using this standard exam (Fagin, 1990).

The need for continuing education and advanced preparation for nurses was a topic of discussion in 1949. That same year Helen J. Weber, Division of Nursing Education at Indiana University, stated in a speech given at the Nebraska State Nurses' Association:

Only 25 percent of all nurses hold degrees which are an indication of advanced preparation, and many of those are not in nursing--the thing that they do! Only 2 percent of all nurses hold master's degrees indicating graduate work, and only a pitiable number of nurses hold doctorates. Yet, we need such individuals today to head our collegiate programs, to conduct pertinent research, and give us expert direction (Weber, 1949).

Pearl McIver, President of the American Nurses' Association, alluded to the magnitude of the nursing service problem when she addressed the National Nursing Planning Conference in 1949, a portion of which follows:

There is at present a shortage in every branch of nursing service and even though there are more registered nurses than ever before, the demand for nursing service is increasing year by year. ...In spite of low salaries in certain areas and the prevailing authoritarian atmosphere within many hospitals, not many nurses leave the profession except for marriage. However, these factors are influencing the recruitment of students and must be remedied before we can expect any great increase in the number of students entering nursing. We must remember that the number of high school and college graduates is limited and many attractive fields are open to them besides nursing (McIver, 1949).

In 1949, Dr. Louise McManus, Professor of Nursing Education at Teachers' College, Columbia University, submitted the following recommendations concerning hospital schools of nursing:

- Encourage adjustment of programs by decreasing the length of the program to two or two and one-half years
- Encourage centralization of facilities--clinical, educational, and other community facilities
- Consider financial aid from Federal, State, and other funds
- Plan for identification of schools
- Aid in recruitment of students (McManus, 1949)

In 1949, Dr. Lucile Brown presented her thoughts on implications for nursing in the future. She advocated the development of in-service training programs for all employed personnel and provision for training practical nurses. She thought that schools of nursing should be closed that were not schools except by courtesy of the word. Guidance should be given to the better hospital schools, so they might improve and move toward a planned system of nursing education and toward collegiate schools of nursing. A larger number of university schools of nursing must be planned for in order to provide professional education for professional leaders. And lastly, she suggested the development of the team concept in nursing making possible competence and expertness, which might increase the number of persons likely to enter nursing (Brown, 1949).

Accreditation for Schools of Nursing

The National League of Nursing Education committed itself in 1937 to undertake the formulation of a plan to be used in accrediting schools of nursing. In 1940, the League began the process of evaluating schools which wished to have their names appear on the published list of approved institutions. The Committee on Accrediting, composed of members of the League from various geographic sections of the U.S., set up guidelines for evaluation (Brown, 1940).

Before a final decision regarding approval could be made, the Committee required a careful examination of the organization and administration of the school, financial support, number and competence of faculty, selection and promotion of students, curriculum, methods of instruction, physical and clinical facilities, housing, health and recreational programs, and other matters of importance. A fee of \$15 had to accompany answers to detailed questions formulated for testing schools. If the school warranted further examination, the school was notified and upon payment of the balance of the fee of \$250, two authorized representatives of the League made a visit. If approved by the field representatives, the school was accredited for a period of one year. The Committee saw the accreditation process of great potential value for the elevation of professional nursing and for assurance to the public of competent nursing service (Brown, 1940).

Nebraska Nursing During the 1940s

Standards of nursing education in Nebraska in 1940 did not rank among the highest in the U.S.; neither did they rate the state among those of low standards. They were somewhat above average and improved gradually each year.

It is gratifying to find that very few of the graduates in recent years of our accredited schools of nursing have little or no difficulty in becoming registered by reciprocity in most of the states in the union. Fewer graduates fail in our state examinations for nurses since the curriculum and teaching methods have been improved. In order to keep pace with the advancement made in all branches of education during the past two or three decades, nursing education has undergone a complete change. The young women, trained mechanically by repetition to do a piece of work skillfully is no longer acceptable. Education in its truest sense, and not merely training young women how to do a few treatments, has become the order of the day in the schools of nursing as evidenced by the connections with colleges and universities which have been established throughout the country (Annual Report of the Bureau of Registration for Nurses, 1940).

There were 4,849 RNs in Nebraska October 1, 1940, and 5,023 on October 1, 1941. There were 1,031 students enrolled in Nebraska schools of nursing November 1, 1940, in thirteen accredited hospital schools: Bishop Clarkson Memorial Hospital, Creighton St. Joseph's Memorial Hospital, Immanuel Hospital, Nebraska Methodist Episcopal Hospital, St. Catherine's Hospital, and University of Nebraska Hospital in Omaha; Bryan Memorial Hospital, Lincoln General Hospital, and St. Elizabeth's Hospital in Lincoln; St. Frances' Hospital in Grand Island; Mary Lanning Memorial Hospital in Hastings, West Nebraska Methodist Episcopal Hospital in Scottsbluff; and St. Joseph's Hospital in Alliance. All of the accredited schools of nursing had been approved by the American Red Cross Nursing Service (NSHS, 1909-1977).

In 1940, the Nebraska State Nurses' Association was asked to cooperate in a national defense program through the Nursing Council for National Defense representing all nursing organizations. By 1941, the American Red Cross Nursing Services Committee in Nebraska was recruiting nurses for the military on a state wide basis. The Executive Secretary of the State Association became the official director of the Nebraska Council on National Defense; his chief task was to direct a survey of graduate registered nurses as a part of a national survey. Emphasis was on reactivating professional nurses, so they would return to the nursing field to help meet the war emergency. Recruitment of students for schools of nursing was stepped up and classes in the better schools expanded. The American Red Cross opened a program for the careful selection and training of volunteer nurses aides to assist nurses in hospitals. The Works Progress Administration and the National Youth Administration offered to train subsidiary workers for nursing, but the State Association declined the offer. The Public Health Nursing Section was dissolved, and a State Organization for Public Health Nursing was formed (Trott, 1956).

An amendment providing for the reduction of the registration renewal fee from \$2.00 to \$1.00 was passed unanimously by the Nebraska State Board of Nursing in 1941. At the same time, the regulation requiring that the Director of the Bureau of Education and Registration for nurses be a resident of the State was repealed (Minutes of the State Board of Nursing Meeting, November 27, 1940). The total State Board Examination period was reduced from two and one-half days to two days in 1941 (NSHS, 1909-1977).

Six means of supplementing nursing service were outlined at the annual meeting of the Bureau of Education and Registration for Nurses in 1941: (1) increased enrollment in Nebraska schools of nursing, (2) curtailment of "luxury special nursing" (private duty), (3) more widespread use of nurse aides and others, (4) return to active practice of Nebraska nurses who have retired, (5) refresher courses for graduate nurses given in a hospital or under the auspices of the State Association or the Nebraska League for Nursing Education, and (6) pooling of medical services, hospital facilities, and nurses in the community (Annual Meeting of the Bureau of Registration for Nurses, 1941).

In order to help relieve the nursing situation due to the war, it was decided at the annual meeting of the Bureau of Education and Registration for Nurses November 12, 1941, that those nurses who had graduated since 1930 and who were eligible could take the regular licensing examinations which were given three times each year. A special examination was given on Monday, June 29, 1942, to nurses who graduated from accredited schools of nursing prior to 1930, who located in Nebraska and were eligible, but had never become licensed in this state. Senior students who had completed their classroom work and were within three months of completion of the three-year course could take the state examinations for nurses and not wait until after they graduated. Licenses would be withheld until they received their diplomas. "The members of the Division of Registration are to be commended for grading examination papers so promptly in order to speed nurses on their way to the front. This requires arduous effort on their part which should be appreciated" (Report of the Bureau of Education and Registration for Nurses, 1942).

The Bureau of Education and Registration of Nurses collaborated with the National Nursing Council on Defense in making a careful study of the present emergency situation and how to meet it as constructively as possible. "It wishes to avoid hysterical haste and the mistakes made during the last war, which resulted in over-production of poorly qualified nurses and, therefore, widespread dissatisfaction and unemployment" (NSHS, 1909-1977).

There were thirteen accredited schools of nursing in Nebraska in 1942 with a total enrollment of 1,120. There were 3,244 active RNs practicing in Nebraska (NSHS, 1909-1977).

The following is an excerpt taken from the President's Message at the State Association's annual meeting in 1942:

These are troubled times, fearful times, yet it is an exciting and exhilarating period. Personally, I would have hated to miss it, and I think when it's over we'll thrill to look back on a job well done. Whether we are called to nurse soldiers or to stay conscientiously at our usual posts, we must do our work well (Trott, 1956).

In 1943, the State Nursing Council for War Service was placed under the War Manpower Commission. Its major objectives were to determine policies and plan for proper distribution of professional nurses, and to assemble data and outline methods to implement the equitable distribution of nurses between the military, civil service, and civilian nursing (Trott, 1956).

The age of admission for Nebraska schools of nursing changed from 18 years to 17 years 6 months (Minutes of State Board of Nursing Meeting, 1943). Provision was made in 1943 to issue a war emergency permit to those nurses residing in Nebraska who were or had been licensed in another state or territory of the U.S., who did not meet Nebraska requirements for licensure, and who were willing to return to active practice under the supervision of registered professional nurses. Practice under this permit was confined to recognized hospitals, public health agencies, or defense plants where the holder of the permit worked under professional

nurse supervision. The permit did not permit private duty nursing since there was no supervision (Minutes of the State Board of Nursing Meeting, 1943).

In the early 1940s, the typical staff nurse made about \$1,200 per year. Within two years, starting salaries had edged close to \$2,100 for a 48-hour week; about twice what they had been a decade earlier. Over the next 10 years, general duty nurses gained another \$1,100 a year, and their typical work week shrank to 40 hours (RN at 50: Half a Century of Service to Nurses, 1987).

In order to meet the great demand to supply nursing service to the armed forces, Nebraska nursing schools accelerated their entire program. The curriculum was reduced from 36 to 30 months, allowing the last six months of the student's time to be spent in a government, federal, or other agency, or in some specialized service in the home school to relieve the need for nursing service and also enlarge the experience of the student. An increase of 20 percent was made in the enrollment in Nebraska schools of nursing. A total of 1,040 students were enrolled in the thirteen accredited schools July 1, 1943. On September 1, 1944, 1,390 students were enrolled, which showed the result of the Cadet Program. New courses were added, such as "Tropical Diseases," to enable the nurse to understand the care of patients returning from the tropics. There were a total of 6,129 nurses registered in Nebraska on November 1, 1944, not all of whom were practicing (General Information of Accredited Schools of Nursing, 1944).

A special committee was appointed to survey the salaries of nurses in 1944, and the boundaries of Districts I and IV were also reorganized. Personnel policies in the field of nursing were scrutinized. The recruitment of student nurses for the Cadet Nurse Corps was a major activity of the Council on War Service, and induction of the Cadet Nurse Corps in a body was held at Joslyn Memorial, Omaha, in 1944. Twenty-seven nurses were assigned to the Army Nurse Corps, exceeding the assigned quota (Trott, 1956).

There were 4,017 active RNs in Nebraska in October, 1945. "The War Emergency Permit has made it possible for many soldiers' wives, particularly those husbands who have been stationed at the Lincoln Air Base, to help meet the nursing shortage." The Permit expired on March 1, 1947 (NSHS, 1909-1977).

In 1945, Blanche Graves, Director of the Bureau of Education and Registration for Nurses, bemoaned the severe postwar nursing shortage in Nebraska. She reviewed what was being done about the shortage nationally and locally. The American Hospital Association appropriated \$10,000 to set up a recruitment program. National radio programs and newspaper advertisements urged girls to enter the field, and a prominent girls' magazine conducted a survey to determine the number of girls interested in nursing. Seventy thousand cards to interest girls in nursing were used in buses and street cars, and in window displays in stores, banks, and post offices (Graves, 1945).

A state recruitment committee was appointed in Nebraska. Special brochures and letters were sent to high schools, speakers talked to high school girls, a film on nursing was shown in the high schools, and excellent radio and newspaper publicity was given. Students who took Home Nursing and Hygiene in high school were invited to work as nurses' aides on weekends, thereby putting into practice what they had learned. Each school of nursing was contacted to give a scholarship to a worthy student. Schools of nursing held open houses on Florence Nightingale's birthday. The Altrusa Club through the efforts of the Cooper Foundation offered a scholarship for each of the three Lincoln schools of nursing. The American Legion was helpful to the recruitment program and gave very fine publicity. The Auxiliary raised money for scholarships and was most interested in helping recruit student nurses (Graves, 1945).

There were ten areas examined in the Nebraska State Board exam in 1945 (during the Cadet Program) with corresponding clinical experience: Obstetrics; Ethics and History of Nursing;

Bacteriology, Hygiene, and Urinalysis; Materia Medica; Dietetics; Anatomy and Physiology; Medical Nursing; Surgical Nursing; Pediatrics and Communicable Diseases; and Psychiatric Nursing. The passing grade for each exam was 70 percent with an overall average of 75 percent (State of Nebraska, 1945).

In 1945, registration in Nebraska was deleted as a requirement for membership in the Nebraska State Nurses' Association. The Nursing Council on War Service was dissolved with honor. The Counseling and Placement Service was adopted to become effective November 1, and a professional nurse was employed to direct it. Plans were made to create a section of the State Association for institutional staff nurses (Trott, 1956).

World War II interrupted the publication of the quarterly magazine of the State Association, and in 1946 it was published again under the name, The Nebraska Nurse. The Association's dues were raised from \$3.25 to \$12.25 per year for a much expanded program for members. A salary schedule and personnel practices were drafted, set up, approved, and sent to all Nebraska hospitals. A bill to license practical nurses was approved by the Association, but failed later in the State Legislature. Association membership reached an all-time high of 1,627 members (Trott, 1956).

The Nebraska Nurse printed the following "Fee Schedule for Private Duty Nurses" effective October 17, 1946:

Eight-hour duty	\$ 8.00
Twelve-hour duty	10.00
Twenty-hour duty	11.00
(6 hours sleep and 4 hours recreation)	
Four hours in hospital	4.00
Hourly nursing in homes, first hour	1.50
each additional half hour	0.50
Each additional patient	2.00
(Fee Schedule for Private Duty Nurses, 1946)	

A news release on June 21, 1947, alluded to the nurse shortage in Nebraska. "It is true that even if every RN were employed, the demand for nursing service would be unsatisfied." There were 5,215 professional nurses registered with the Bureau of Registration and Education for Nurses in 1947; at least 1,298 RNs in Nebraska were not working. There were 873 nurses on general duty, 610 on private duty, 421 supervisors, and 220 in office work. There were only 172 public health nurses for Nebraska's population of close to one and a half million. Seventy-one classified themselves as "veterans" and 59 as "Army." There were 5,644 total nurses registered in Nebraska in 1948 (Nebraska State Nurses' Association, 1947).

The Nebraska State Nurses' Association advised the Bureau of Nursing Education and Registration in 1947 that staff nurses in Omaha earned a salary of \$160 per month. School of Nursing instructor's salaries ranged from \$1,800 to \$2,000 per year (Schafer, 1947). At the annual meeting in October, 1947, the members of the State Association authorized the Board to develop the Economic Security Program, so that the Association would be prepared to serve as the exclusive spokesman for nurses in all questions affecting employment and economic security (Trott, 1956).

In 1948, the student nurses of Nebraska schools of nursing met to form an organization; the objectives were a closer association between schools of nursing, more knowledge of professional organizations, and recruitment of students. Poliomyelitis was sweeping the country, and Nebraska nurses were challenged in meeting the problems of nursing care with which they had

little or no experience. An institute on polio care was held and attended by 106 nurses. The Diamond Jubilee of Nursing was celebrated throughout the nation and appropriately recognized in Nebraska (Trott, 1956).

At a joint meeting of representatives from the Bureau of Education and Registration for Nurses and the Nebraska State Nurses' Association in 1949, it was announced:

The number of nurses practicing in Nebraska without a license is increasing in spite of repeated notices from the Bureau. It has become necessary to prosecute some offenders at once if the Bureau of Education and Registration for Nurses' is to again function effectively in this respect (Fraser, 1949).

In 1949, the first one-year school for practical nurses in Nebraska was started by St. Joseph's Hospital in Omaha. A state survey was conducted which indicated that 97 nurses in Nebraska wished more education if it could be obtained. State planning for reorganization was begun in 1949 (Trott, 1956).

In 1950, the areas to be examined via the State Board Exam had been reduced to six with the following required score for each:

Medical Nursing	413
Surgical Nursing	416
Obstetric Nursing	419
Nursing of Children	426
Communicable Disease	407
Psychiatry	422

The passing grade remained at 70 percent with the overall average of 75 percent (State of Nebraska, 1950). The Nebraska licensing fee was raised from \$3 to \$5 (Minutes of the State Board of Nursing Meeting, 1950).

Bryan Memorial Hospital in the 1940s

Bryan admitted 2,888 patients during 1943, a gain of 419 over the previous year. Total patient days numbered 33,552, an increase of 4,954, and births were 444, an increase of 99. The gross earned revenue was \$192,631.44, an increase of \$38,430.59. Net profit was \$6,529.21 as compared to a loss in 1942 (Bryan Re-elects Superintendent, 1943). From 1935 to 1946, the Bryan Memorial Hospital Foundation transferred a total of \$6,065.27 in net earnings to Bryan Memorial Hospital for free services (Bryan Memorial Hospital, 1946).

On the hospital's twentieth anniversary in 1946, the last of the bonded indebtedness on the hospital plan plus interest was paid. The \$287,500 mortgage was retired, and a mortgage burning ceremony was held. By 1948, more additions were needed due to post World War II growth of health care services and needs (Bryan Memorial Hospital, 1987). Many plans were studied and rejected to extend the south front part of the hospital to the west and east at the present height and to lay the foundation for six stories for possible vertical expansion at some future date. In late summer, 1947, the trustees adopted the plan of Architects, Davis and Wilson, the Superintendent of the Hospital, and the Building Committee. The west wing was begun in 1947 and completed in October, 1948, with a new elevator, diet kitchens, and utility rooms. The cost, including furniture was \$150,000. However, it took another \$50,000 to expand the power plant and laundry for the new addition and to expand offices in the main

portion of the hospital. An additional \$27,000 was expended for the new elevator (Bryan Memorial Hospital, 1949).

The new addition had 32 beds, bringing the total number of beds in the hospital to 130 plus 20 bassinets. The two top floors of the new wing were hospital floors. On the south were four two-bed rooms and on the north two four-bed rooms. On the west was a "solarium, a grand place to rest and visit, with a wonderful view over the city." On the ground floor, the solarium was the library and intern's study hall; the rooms on the south were for hospital personnel, interns, anesthetists, and on the north were two class rooms for the School of Nursing. All of this was accomplished with \$115,000 of borrowed money. The hope was to reduce the debt rapidly and to complete the needed east wing just as soon as possible (Bryan Memorial Hospital, 1949).



Bryan Memorial Hospital in the 1940s.
Note the solarium on the west.

In the late 1940s, Bryan had a modern laboratory and department of pathology, whose work was divided into three major fields: (1) surgical pathology; (2) autopsy service, which was maintained at a high number; and (3) testing in the fields of hematology, chemistry, electrocardiography, basal metabolisms, serology, and parasitology. The newest feature of the department in the late 1940s was the Blood Bank as a result of a memorial gift to the hospital. The surgical department had two general operating rooms, one orthopedic room, and one minor operating room. The department took care of 1,004 major operations and 1,435 minor operations in 1948. The modern obstetrical department, with two delivery rooms and two labor rooms, delivered 645 babies in 1948. The pediatric department had both surgical and medical service. The department of radiology was completely equipped for diagnosis and therapy (Bryan Memorial Hospital, 1949).

The School of Medical Technology, approved by the American Medical Association, trained young people in the field of Medical Technology in the hospital. Bryan had one of the earliest training schools for Technologists in the U.S. The first student graduated in 1932. In 1936, two years of college was put into the program as a prerequisite. The school was under the jurisdiction of the Board of Trustees and the Superintendent of Bryan Memorial Hospital. Following completion of the year's training, the student was eligible to take the examination of the Board of Registry of the American Society of Clinical Pathologists. Upon passing the examination, the student became a registered Medical Technologist. During 1948, the laboratory performed a total of 33,384 procedures (Bryan Memorial Hospital, 1949).

Bryan School of Nursing in the 1940s

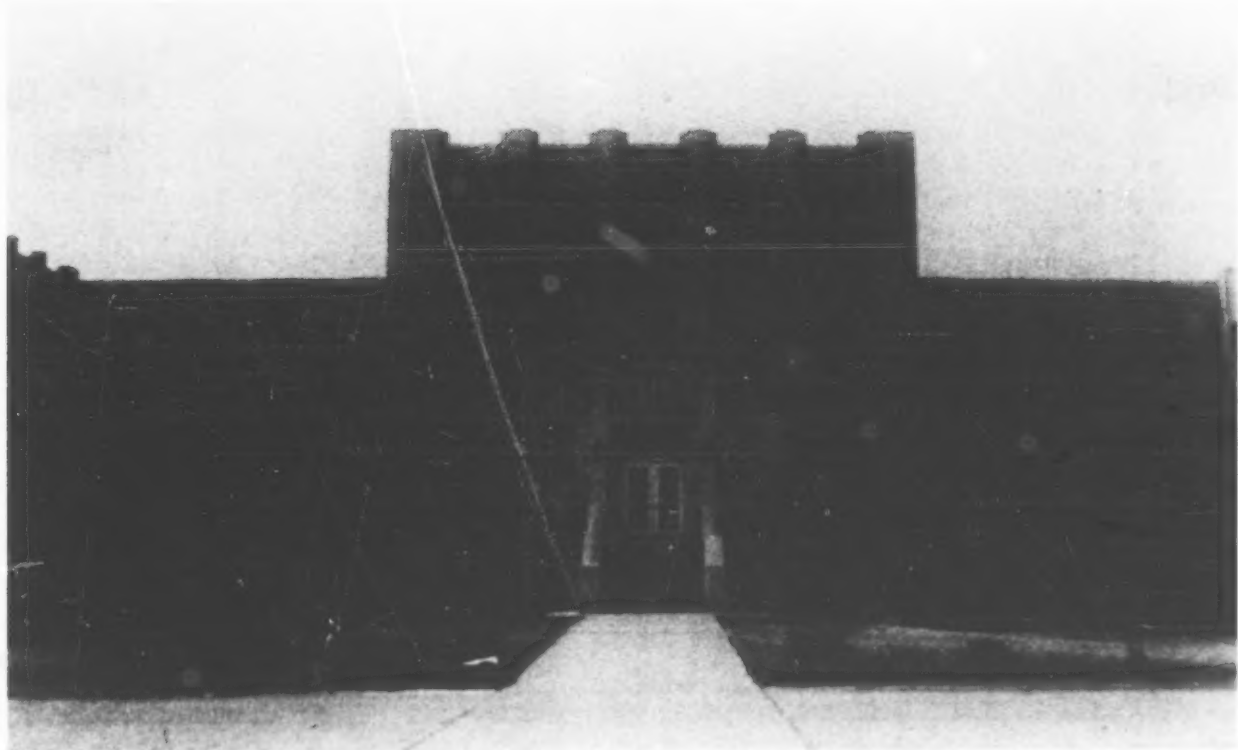
In 1940, Bryan School of Nursing made arrangements for a two-year affiliation in psychiatric nursing at Hastings State Hospital at Ingleside, Nebraska. Approval was given in 1945 for an affiliation for Bryan students in obstetrics at St. Elizabeth's Hospital in Lincoln and Nebraska Methodist in Omaha (Minutes of the State Board of Nursing Meeting, November 14, 1945). Bryan School of Nursing established an affiliation with Children's Hospital for Communicable Disease Nursing in Denver, which began in January, 1949 (Minutes of State Board of Nursing, December 31, 1948).

As Bryan Hospital grew, so did its nursing school. In 1941, Fairview became inadequate to house the nursing students. Mary Elizabeth Allen, William Jennings Bryan's sister, donated five more acres of land for a dormitory and new classrooms (Bryan Memorial Hospital, 1987). Plans were made for a new nurses' home to be built on the five acres to take care of the increased enrollment of students (Bryan Memorial Hospital School of Nursing, 1941-1942). However, the hospital did not have funds available to build the structure. The student nurses and eight of the graduate nurses lived in Fairview in 1941 (NSHS, 1909-1977).

The School of Nursing was not visited by the State Board of Nursing in 1941, because the legislature was in session into June. Students worked 48 hours per week throughout training. Bryan Hospital had a daily average of 76 patients in 1941 (NSHS, 1909-1977).

The 1941-1942 School Bulletin stated the purpose of the School of Nursing:

It is the purpose of the School to create and maintain a standard worthy of the highest ideals of the nursing profession and to offer such valuable instruction and experience so that it will attract and graduate the finest type of Christian young women, who will give the best possible service to the patient, the doctor, the community, and to any organization with which they may be associated (Bryan Memorial Hospital School of Nursing, 1941-1942).



Hastings State Hospital, Ingleside, Nebraska, 1940s

Subjects, which are not the norm today, were listed in the 1941 Curriculum: a social science course called Professional Adjustments; nursing arts courses, Social Aspects, Tuberculosis Nursing, Public Sanitation & Hygiene, Anesthesia, How to Dress, and Courtesy Knitting. More than a dozen different physicians taught classes along with head nurses, supervisors, and School of Nursing instructors (NSHS, 1909-1977).

Expenses for training in 1941-1942 consisted of the cost of the pre-nursing course depending on the college or university selected by the student and the total cost of the three year course. This cost was \$185 of which \$100 was payable on the day of registration, \$45 at the beginning of the second year, and \$40 at the beginning of the third year. The charges included uniforms and textbooks for the pre-clinical period, laboratory, library, social activities, graduation, affiliation, and breakage fees, and medicines up to \$25. Personal expenses were an additional expense for the students. Nine weeks of vacation were allowed during the three-year period during the summer months from May to September (Bryan Memorial Hospital School of Nursing, 1941-1942).

A work force of 28 graduate and 44 student nurses waited on patients at Bryan Memorial Hospital in January, 1941. Dortha Mortensen was superintendent of nurses. It was reported in the Lincoln Journal and Star that "the student nurses spend three years at the Hospital studying nursing methods. At the end of each 'semester' of four months, they are given examinations on the work they have done. A large share of the students' time is spent in regular classes" (Hospital Has a Total of 72 Nurses, 1941). "The medical staff of the Hospital operates under a Constitution and By-Laws approved by the American College of Surgeons and is duly approved for instruction in the Nurses' Training School" (Bryan Memorial Hospital, 1946).

Bryan student nurses were members of the Lincoln Student Nurses' Association in which all Lincoln nursing schools participated. The organization was formed to create a more complete understanding of professional ideals, develop a social consciousness, and stimulate friendship between the groups. These objectives were promoted by maintaining educational and recreational activities (Bryan Memorial Hospital School of Nursing, 1941-1942).

There were 48 students in the School of Nursing at the end of 1943; 15 students graduated in June, and four graduated from the School of Medical Technology. "Many of these nurses have already gone into military service. Application has been made for the Cadet Nurse Corps" (Bryan Re-elects Superintendent, 1943).



Nursing Arts Class in the 1940s

The first wedding at the Bryan Memorial Nurses' Home, Fairview, took place on Sunday, November 21, 1943, at 3:00 p.m. Miss Ruth Anne Steinkamp ('45) became the bride of Corporal Carl Tapper in the presence of about 80 guests. The bridesmaid, Miss Lorene Bradley, was a Bryan senior nurse from Kearney. The reception was held in Fairview with Mrs. Clifford Domingo, Superintendent of Nurses, assisting. Corporal Tapper returned to camp in North Carolina while Mrs. Tapper remained at Bryan Memorial where she was a graduate nurse (Weeping Water Girl Wed, 1943). Mr. and Mrs. Tapper celebrated their fiftieth wedding anniversary November 21, 1993 (Tapper, 1994).

In 1944, the cost of Bryan School of Nursing was \$100 on admission, \$85 the second year, and \$54 the third year. This included tuition for Wesleyan courses, uniforms (\$42), books (\$45), and health exams (\$15). All necessary hospitalization was allowed without cost to the student. The staff and faculty members received a discount. Mrs. Mildred Domingo was Director (Principal) of the School of Nursing and Nursing Service. Students were admitted in August and March. One student had three years of college, 14 had two years, 25 had one year, and 15 had no advanced preparation. There were 34 Nurse Cadets in Bryan, 12 Junior Cadets, and no Senior Cadets. Pediatrics and Obstetrics evening classes were held from 7:15-8:15 p.m. It was noted that "a special diet kitchen is badly needed." The daily patient average in the hospital was 98. Dr. H.C. Filley was President of the Board and Rev. E.C. McDade was Superintendent of the Hospital in 1944 (NSHS, 1909-1977).

The Annual Report for the year ending June 31, 1944, listed a "School of Nursing Committee" consisting of five hospital trustees and a physician, alumnus, educator, public health worker, superintendent of the hospital, and superintendent of nurses. Meetings were held "when the need occurs." The bed capacity of the hospital was documented at 130. "A new dormitory (under the Laukau Act) is to be built this summer." There was a Faculty Organization in 1944 with attendance "urged." No minutes were kept. There were 54 students enrolled in 1944; 13 graduated and 43 were admitted. There were eight Senior Cadet students (two at the University of Colorado, four at Veterans' Hospitals, one at the Omaha Veterans' Hospital, and



Mrs. Mildred Domingo, Class of 1933, Director of the School of Nursing and Hospital Nursing Service, 1943-1945

one at Bryan in OB) and 36 Junior Cadet students. Classes were admitted in September and February; a change from the March 21, 1944, admissions policy (NSHS, 1909-1977).

Chemistry, Bacteriology, Sociology, and Psychology were taught at Wesleyan and Foods and Nutrition at the University of Nebraska-Lincoln Agriculture College. A minimum grade of 75 percent in classwork was required with a minimum average of 80 percent. Students were called in for conferences, if there were problems. Geriatrics was added to the curriculum in 1944. Three nursing magazines were available to the students: AJN, The Trained Nurse and Hospital Review, and Public Health Nursing. Students were expected to subscribe to AJN (NSHS, 1909-1977).

Students entering the School had to rank in the upper half of their graduating class. There were six students in school in 1944 who were in the five-year program with Wesleyan leading to both a nursing diploma and a university degree. The Hospital paid the bills for the School of Nursing, including the students' university tuition. There was no separate budget for the School of Nursing (NSHS, 1909-1977).

The following textbooks were used by Bryan students in 1944:

Anatomy & Physiology-Kimber, Gray, & Stockpole	\$3.00
Principals & Practice of Nursing-Harmer & Henderson	3.00
Text Book of Materia Medica-Blumgarten	3.00
Nutrition in Health & Disease-Cooper, Barber & Mitchell	3.50
Taber's Medical Dictionary	2.50
Surgical Nursing-Eleason, Ferguson, & Farrand	3.25
Medical Diseases for Nurses-Stevens & Ambler	2.75
Essentials of Pediatrics-Jeans & Rand	3.00
Obstetrical Management & Nursing-Woodward & Gardner	3.50
History of Nursing-Jensen	3.50
Introduction to Medical Science-Boyd	3.50
Principles of Chemistry-Roe	3.00
(NSHS, 1909-1977)	

Bryan School of Nursing participated in the U.S. Cadet Corps program. The first class to be sworn into the Cadet Corps at the beginning of their training was admitted in 1944. The members were: Darlene Diekmann ('47), Jeanette Jensen ('47), Leona Wilkens ('47), Susan Lutes ('47), Doris McKinzie ('47), Betty Shaffer ('47), Christa Schimansky ('47), Ruth Ollendorf ('47), and Evelyn Michelson ('47), (Tapper, 1944). Many other Bryan students were in the Cadet Corps, but the war was over before any of them were actually called to service (NSHS, 1909-1977).

Another dormitory, complete in every modern detail and under competent direction, was built for the School of Nursing (completed in March, 1945) on an adjoining five acres of land given to the Methodists by Mr. and Mrs. T.S. Allen, sister of William Jennings Bryan who still resided in Lincoln (Bryan Memorial Hospital, 1959). The two-story brick structure was built directly east of the hospital; it had no gymnasium. The School of Nursing also continued to use Fairview for students and a few of the faculty after the new dormitory was completed (Bryan Memorial Hospital, 1946).



First class to enter Bryan program as Cadets, Class of March 1947.



Bryan student in winter uniform of the Cadet Nurse Corps.



Dormitory built in 1945.

The "probie" uniforms in 1945 were blue-gray, short-sleeved dresses that buttoned down the front with white collar and cuffs and the school emblem on the left breast pocket with another large pocket on the right side of the skirt (Maseman, 1994).

The Annual Report to the Bureau of Education and Registration for 1946 gave the daily average of patients as 99, with a total of 110 hospital beds and 24 bassinets. The School had 60 students. Three of the 27 first-year students resigned; three of the 9 second-year students were dismissed; and of the 24 senior students, 21 graduated. There were no students under 18 years of age. Thirty-five of the students had no advanced preparation; three were in the five-year program; and all of the students were in the upper third of their high school classes. The program was 36 months in length, including courses at Wesleyan. Evening classes were taught from 7:00-8:00 p.m. (NSHS, 1909-1977).



Probie uniforms in 1945.

Forty-eight hours of class and duty each week continued in 1946, totaling 1,335 hours of theory during training. Affiliations included three months of Psychiatric at Ingleside, six weeks of Pediatrics at Children's Hospital in Denver, a two-day observation with a Public Health Nurse, and one day at the Agriculture College Nursery School. Students were admitted in February and August. The tuition had climbed to \$265 including \$65 for Wesleyan tuition (NSHS, 1909-1977).

Mrs. Ruth Raschke was Director of the School in 1946. She and the med-surg instructor planned the nursing program. How to Study, Personal Hygiene, Dermatology, Allergy, and Syphilology were among those classes listed. Full-time instructors worked 44 hours per week (NSHS, 1909-1977).

There were 68 students in the School in September, 1946, seventeen of whom were under 18 years of age. Fifty-nine had no advanced preparation; two were in the five-year program. The League psychological entrance exams were given to new students. Ten hours of the 48-hour week were spent in class. The passing grade was 75 with the passing average of 85. There was one evening class from 7:00 to 8:00 p.m. The science lab was at Wesleyan. Students had two terms of night service the second year (NSHS, 1909-1977).

In 1947, Dr. Filley, Professor at the Ag College, continued as President of the Board of Directors of Bryan, Dr. McDade as Superintendent of the Hospital, and Miss Mabel Johnston (Class of 1932) was the Director of Nurses at the Hospital and Director at the School. She received \$240 per month, while staff graduates earned \$165 per month (NSHS, 1909-1977).



Students mixing meds in 1946.



1946 Capping Ceremony.

In the 1947 survey of the school, it was reported that "the School of Nursing is maintained by a general hospital which is also the Methodist Hospital, under the control of the Board of Trustees, members of which are appointed by the Methodist Conference." The School of Nursing Council met on call and helped to interpret needs and problems of the School and to safeguard the educational system and standards of the School (NSHS, 1909-1977).

The source of income for the School in 1947 was largely through hospital funds from patients and student tuition. No endowment fund had been created for the school itself. Enrollment had decreased from 78 in 1945 to 68 on February 1, 1947, with two classes admitted

in January and August in 1946. The daily average number of patients in the hospital was 108.5 and only 10 in Pediatrics (Nebraska State Nurses' Association, 1947).



Miss Mabel Johnston, Class of 1932, Director of the School of Nursing and Hospital Nursing Service, 1947-1957.

"Doctors do a lot of teaching while they are operating; however, this is not as instructive as well-planned classes." A new dietetic lab was built, and the students were taught in the home school instead of taking their work at the Ag College. Science courses continued to be taught at Wesleyan. Recommendations included:

- students may not be responsible for verbal orders
- students be required to subscribe to the AJN
- pediatrics should have running water in its rooms
- films should be used more in teaching
- hospital laundry equipment seems inadequate
- arrange for swimming at the YWCA (NSHS, 1909-1977)

There was still no separate school budget in 1947. Faculty conferences were held bi-monthly to handle school problems, nursing procedures, and monthly social meetings. Mrs. Ruth Raschke was Director of Nurses at a salary of \$240 per month. Administrative faculty were allowed four weeks of vacation per year with pay, instructors three weeks, and supervisors and head nurses two weeks. Staff graduate nurses were paid \$130-\$145 per month plus meals and laundry (NSHS, 1909-1977).



Bryan bus used to transport students to Wesleyan University in the 1940s.

Mr. R.E. Harrington was President of the Board of Trustees, Dr. McDade remained Superintendent or Administrative Head of the Hospital, and Miss Mabel Johnston continued as Director of the School in 1948. There were 150 hospital beds with a daily patient average of 97. The School had 53 students; four resigned and one was dismissed. Tuition was \$265 plus a \$15 health fee. The class and clinical week remained at 48 hours, with 1,325 hours of theory during the entire course. Class work had to be 75 or above to be passing. Five students were working on the five-year program with Wesleyan in 1948. Required classes were the same as the preceding year (NSHS, 1909-1977).

In 1949, the average daily patients was 103.5. There were 63 students in the School; one resigned, two were dismissed, and ten graduated. The class and clinical week continued to consist of 48 hours per week, with a total of 1,357 hours of theory during the program. Occasionally, students had a one-hour night class. Senior Reviews and Comprehensives and Hygiene were added to the course of study in 1949. The passing average was 75, with an overall average of 85 required. There were 17 students in the five-year combined program (NSHS, 1909-1977).

Only one class was admitted in 1949 on August 18. The total tuition was \$265 which covered books, uniforms, and capes; there was no health fee or graduation fee. Sixty-three students were housed in dormitories. Several changes were listed in the 1949 Annual Report:

- seven days sick leave for students each year beginning September, 1949
 - awards for first and second scholastic achievement at graduation
 - new sewing machine for students
 - no failures on State Board Exams
 - play ground equipment
 - closer integration of classroom and ward instruction
 - improvement of bathroom facilities in nurses' quarters
- (NSHS, 1909-1977)

Reminiscing

Dorothy Ring, Class of 1940, said there were only two applicants when she applied for admission to the School of Nursing, and the School felt a class could not be started for two students. However, they finally consented to start a class in February, and the two students moved into the small room at the foot of the stairs in the basement of Fairview. All of the students in the basement shared two bathrooms and would sometimes share the bath tub if they were anxious to get ready to go somewhere. She eventually moved to the second floor of Fairview and remembered that "the big stairs were squeaky, so it wasn't easy to come in late and not be heard!" The first few months of training were difficult because of the post-mortem exams they were required to attend. Each disease or condition they studied presented symptoms that she thought she had! Hours were long, and if they were not caring for patients, they washed walls or any other cleaning that was needed. They made cotton balls, peri pads, dressings, applicators, folded bandages, and made rolls of plaster. Her classmate left school to get married, so she finished training with the class that entered six months ahead of her. She would not have changed anything about her training (Ring, 1987).

Margaret Wilson Pierce, Class of 1942, said there were few RNs in the Hospital while she was in training, only in head nurse and supervisor positions. The senior students were their assistants. She commented on the split shifts students worked, and they often had evening classes on their days off. The probies lived in the basement of Fairview--ten beds in one big room and six more beds in the dining room. Lights were out at 10 p.m. on week days. First year students were allowed one late night per week, and one or two overnights with permission in the second and third years. In the students' spare time, they washed bottles, wrapped ABDs, made and wrapped cotton applicators, washed IV tubing and catheters, and packaged them for surgery to autoclave. They learned to start IVs when they were seniors (Pierce, 1991).

Margaret Strawser Pavelka, Class of 1946, was a student during World War II and a member of the Cadet Nurse Corps. The war had ended by the time she graduated in September, 1946. She lived in Fairview in 1943-44, originally in the basement room below the porch. She recalled there were 13 small single beds with a small bedside stand between each one crowded into that one room. There was no room for dressers; their clothes were hung in another room because there were no closets. She estimated that there may have been as many as 60 girls living in Fairview at that time. Her entire class of 26 lived in the basement. The number of students accepted for admission in those days depended on the number of places that could be found for them to sleep. Many of the Bryan Hospital nurses joined the military due to the war, and because of the shortage of nurses they started students in clinical very soon. Students reported

to the hospital at 7:00 a.m., and if they could be spared, they were off from 1:00 to 4:00. Then, they reported back and worked until 7:00 p.m. "It was very difficult, and the hours were very long" (Bryan Home to Be Restored, 1993).

Alda Pieper Carlson, Class of 1948, said students totally staffed the hospital except on the 7-3 shift when they had a head nurse who was an RN. Senior students were in charge on all shifts, including OR and OB. Students treated physicians like "gods" when Ms. Carlson was in training. "We stood when they entered the nursing station, always accompanied them on rounds, and never questioned them or talked back." The following was a typical day for students when she was in school:

6:30 a.m.	Chapel (Monday-Friday)
6:50 a.m.	Breakfast
7:00-8:30 a.m.	Baths and A.M. cases on the floor
8:45 a.m.	Wesleyan classes from 9:00-12:00 noon. and sometimes 1:00-4:00 p.m. If no afternoon class, students worked on the floor.
4:00-7:00 p.m.	Evening duties; sometimes evening classes
7:00-9:00 p.m.	Study Hall

Ms. Carlson enjoyed dorm life and the close friendships that were established. "The only problem was trying to sleep in the daytime when working the 11-7 shift, and there was no air conditioning in summer." The students didn't have time to go out much, especially the first six months. By the time they were seniors, it was some better; less class work and more on-duty time. "But, we all found husbands anyway!" Betty Zimmerman, one of Ms. Carlson's classmates, was killed in a plane crash one week after they graduated. She ended by saying, "If I had to do it all over again, I'd still be a nurse. I truly loved it, and the good experiences far outweighed the bad" (Carlson, 1991).

Charlene "Jinx" Frost Cox, Class of 1948, was the thirteenth baby born at Bryan. She started out in Fairview, then moved to the dorm across from Fairview. Ms. Cox' class had a party once a month when they began their training, and this helped them become better acquainted. "We had a fun group of girls" (Cox, 1991).

Summary

The 1940s were important and busy years for nursing in the nation and in Nebraska. Perhaps, more significant changes in U.S. nursing took place during this decade than in any other period in history. Accreditation of nursing schools developed, and the validation of graduates' knowledge through the State Board Test Pool was instituted.

Many demands were placed on nursing by World War II, and these changes impacted nursing job opportunities, education, scope of practice, and professionalism. At the end 1941 when the U.S. entered World War II, nurses were urged to join the military nursing service. By the end of the war, almost half of the active RNs in the U.S. had volunteered for military service.

The war was responsible for a shortage of physicians and nurses in hospitals throughout the nation. The scopes of practice changed; RNs did jobs the physicians had previously done, and practical nurses and aides took over some of the work of the RNs. The acute shortage of student nurses during the war was alleviated by the creation of the Cadet Nurse Corps.

The severe nursing shortage continued at the close of the war. Because of rising life expectancy, the growth of hospitalization and health insurance, and expanded opportunities for

nurses, the profession could not find solutions to the shortage. Great numbers of nurses left the profession for marriage, dissatisfaction with working conditions, poor pay, and little autonomy. Thousands of students dropped out of nursing programs as patriotism lessened and the Cadet Nurse Corps was phased out.

Bryan Memorial Hospital and School of Nursing weathered the war years quite well. School enrollment was kept stable by participation in the Cadet Nurse Program. A small dormitory was built for the School of Nursing, and in the late 1940s, the Hospital started another expansion project.

CHAPTER FIVE

Bryan Flourishes 1950 - 1965

The period of 1950 through 1965 was one of great medical and scientific discoveries, and physicians became increasingly dependent on hospitals for supportive care services. As physicians cured or prolonged the lives of patients, the corollary care required of nurses became more complex. It was not just a matter of patient comfort, but crucial life-and-death judgment. In the 1950s, the Nurse Clinician, a nurse who gave skilled nursing care on an advanced level, was mentioned in the literature. This concept evolved into the Clinical Specialist, a nurse with a graduate degree and specialized knowledge of nursing care, who worked as a colleague of physicians. At the same time, the development of coronary and other intensive care units called for nurses with equally specialized technical knowledge, formerly done only by those in medical practice. As nurses easily assumed responsibility for well-child care and minor illnesses, they called upon their nursing knowledge and skills as well as a medical component. What emerged was the "Nurse Practitioner" (Kelly, 1981).

The development of the Associate Degree in Nursing through community colleges was the most dramatic change in nursing education since its beginning. Based on a study funded by the Kellogg Foundation, pilot programs were established in a number of sites around the country in 1952. The mature man and woman and the less affluent student found this an opportunity for a career in nursing. Follow-up studies showed that these nurses performed well in providing care at the intermediate level of nursing functions. The associate degree programs helped loosen the tight restrictions on nursing students' personal lives in both diploma and some baccalaureate programs. The growth of these programs ultimately out ran all others in nursing except practical nurse programs (Kelly, 1981).

Medical care of dependents of military personnel during this period required an enormous number of health care professionals, many of whom were nurses. The Dependents' Medical Care Program, commonly referred to as "Medicare," was enacted in 1956 to provide inpatient and outpatient services in civilian medical facilities. This Medicare program was amended and expanded in 1966 and became the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) (Deloughery, 1977).

The Korean War

The peacetime complacency of nurses was suddenly shattered on June 25, 1950, when the Korean War broke out. Korea had been under Japanese control for some 35 years, and the U.S. victory over the Japanese during World War II made the Korean situation a subject for consideration at the United Nations. Korea was divided at the 38th parallel in an effort to give the North and South Koreans freedom to form governments expressing their conflicting political ideology. The North Koreans, attempting to unify the country, invaded South Korea. The United Nations' Security Council instituted what was called "military aid to South Korea." The U.S. provided the greater proportion of men and equipment and took the lead in the offensive and the conduct of "Korean Police Action" until the Armistice, July 27, 1953 (Kalisch & Kalisch, 1986; Sellow & Ebel, 1955).

At the beginning of the action, the total strength of the Army Nurse Corps was below 3,500 and that of the Navy Nurse Corps below 2,000. The Army Nurse Corps drew from 6,300 inactive reservists; only 10 percent were assigned to Korea. The first Army Nurses reached Korea one week after hostilities began, and by November, 100 were serving with the mobile surgical unit field and evacuation hospitals. Many of these nurses had served in World War II, and all were picked for their skills in the operating room and surgical nursing. There was constant danger of epidemic diseases from contaminated soil or water. (Sellew & Ebel, 1955).

Although the invasion of South Korea was not officially designated as a "war," the realities of casualties were apparent. The U.S. was essentially forced to play a role in a situation created by the conflicting ideologies of the freedom loving Western world and Communism. In 1952, fears of an acute nursing shortage prompted the Joint Committee on Nursing in National Security, along with the representatives of the six national nursing organizations, to recommend that:

- all possible means be developed for recruiting more students for schools of nursing.
- practical nurses be trained and employed to help professional nurses.
- nurses be withdrawn systematically from the civilian services for military duty according to a plan that ensured their employment at the highest level of skill for which they were prepared.
- state and local advisory boards of nurses be organized and given authority to review assignments of nurses to the armed forces and civilian agencies.
- if there was total mobilization, nurses would be redistributed, so that the most essential civilian needs would be taken care of first.
- major efforts be directed to improving sound, basic nursing education and to increasing enrollment in schools of nursing that offered effective programs.
- selected nurses be encouraged to prepare for responsibilities as teachers, supervisors, and administrators, as well as for the special fields, in order to safeguard essential nursing service.
- administration of nursing services be improved, so that nursing skills would be used to the best advantage and their full value would reach more people.
- nursing services be stabilized as much as possible and turnover of staff held to a minimum through the adoption and application of sound personnel policies for nurses and allied workers (Donahue, 1985).

The care of the wounded was more efficient in Korea than during World War II, although the general pattern was the same. An important improvement was the use of the Mobile Hospital Surgical Units (MASH), which could be moved by truck and jeep close to the front lines. These units, 8 to 20 miles from the front line, were well equipped for the immediate care of the wounded. A unit might have as many as 60 beds and approximately 120 personnel consisting of 10 physicians, 16 nurses (two anesthetists), and 90 or more corpsmen. This unit was capable of treating more than 100 cases in a few hours. The unit could be set up in any type of location--a barn, church, schoolhouse, or in tents carried by the unit (With the Army Nurse Corps in Korea, 1951). Provision was made for operating through improvised shock wards, operating rooms, and recovery wards. The use of helicopters/whole blood, penicillin, and rapid evacuation improved the survival rate to 98 percent. The mortality rate among wounded soldiers who reached hospitals in Korea was half the corresponding rate during World War II. Both MASH and field hospitals sent the wounded to the evacuating hospitals and on to the base hospital in Japan (Sellew & Ebel, 1955; Fitzpatrick, 1983; Kalisch & Kalisch, 1986).

A pattern of action was used for admitting patients: pulses and blood pressures were taken and recorded on tags attached to each litter; whole blood was started; penicillin was given to everyone with an open wound; clothing was cut away and wounds exposed; critical cases were identified; and patients were sorted on the basis of treatment. Chest, abdominal, or extremity injuries comprised the majority of cases (Donahue, 1985).

Helicopters, when available, moved the seriously injured men, thus avoiding the jarring of an ambulance or jeep. Transportation by train was limited to the proximity of the railroad; ships were used along the coast (Deloughery, 1977; Sellew & Ebel, 1955). By the end of the Korean War in 1953, helicopters had been developed as a major means of evacuating large numbers of casualties and became widely used as ambulances and rescue vehicles in the civilian world. The use of the hospital ship as a means of transporting the wounded was virtually eliminated. Flight nurses, who helped to evacuate the wounded from the battlefield to military hospitals, received due recognition (Kalisch & Kalisch, 1986; Kelly, 1981).

The Air Force Nurse Corps faced its first major test during this war. The members' primary responsibility was the care of patients airlifted during the Korean conflict. As many as 3,925 patients were evacuated on one day (December 5, 1950). The Corps had mobilized its resources and accelerated training programs. By the end of the war, over 350,000 patients had been evacuated by propeller-driven cargo aircraft (Donahue, 1985).

The head of the Russian delegation at the United Nations indicated that the war could be ended if both sides would agree to "a cease-fire and an armistice providing for mutual withdrawal of forces from the thirty-eighth parallel." Two years of negotiations, during which the fighting continued, took place before an armistice agreement was accepted July 27, 1953 (Kalisch & Kalisch, 1986).

The Korean War demonstrated how nursing kept pace with the advances in medical science, taking over work formerly done by the physicians and surgeons as they advanced to more delicate and complicated treatments and operations. It showed the closer unity of the health team of doctors, nurses, and other professional workers necessary in the care of the sick and the practical application of the nursing team of professional nurses and auxiliary workers (Sellew & Ebel, 1955). The war had witnessed great advances in medical care delivery to the wounded, and nurses had made a tremendous contribution to this effort (Kalisch & Kalisch, 1986).

Vietnam War

The Vietnam War was the longest conflict for American troops in the history of the U.S. It evoked conflict and controversy and was an extremely unpopular war. Thousands marched in protest and were arrested trying to storm the Pentagon. Student unrest erupted on campuses across the country as the war dragged on and American casualties escalated. The futility of American intervention was felt, resulting in problems never before experienced by veterans of other wars (Donahue, 1985). There was a widespread resistance to fighting, extensive drug usage, and racial conflict among American troops. Profound guilt, feelings of stasis, impotence, psychic numbness, and a deeply embedded anti-establishment anger were common (Kalisch & Kalisch, 1978).

America's interest in southeast Asia began in 1950 when President Truman sent a 35 man military advisory team to assist the French in their fight against the North Vietnamese. After the French garrison at Dien Bien Phu fell to communist forces in 1954, France and North Vietnam agreed to partition Vietnam pending free reunification elections. The South Vietnamese government refused a North Vietnamese request to prepare for reunification elections on the grounds that free elections would be impossible in North Vietnam. The following year President

Eisenhower offered South Vietnam economic aid and agreed to help train the South Vietnamese army. In 1960, North Vietnam announced formation of the National Liberation Front (Viet Cong) of South Vietnam, and terrorism in the South increased. In response, the number of American military advisors in South Vietnam rose from about 2,000 in December, 1961, to over 15,000 by the end of 1963 (Kalisch & Kalisch, 1986).

The first ten army nurses arrived in Vietnam in March, 1962. Between March, 1962, and March, 1973, more than 5,000 nurses from the three branches of the military served in Vietnam. Because of the Army Nurse Corps' need for nursing personnel, the Warrant Officer Nurse Program was authorized. Ninety graduates of two-year associate degree programs were commissioned as Warrant Officers during the conflict while on active duty. Eleven Army Reserve Medical Units were activated and served in Vietnam between April, 1968, and January, 1970 (Fitzpatrick, 1983). Nurse casualties also occurred in Vietnam; however, there was only one female nurse who died as a result of hostile fire (Donahue, 1985).

The appointment of male nurses to the regular forces of the Army, Navy, and Air Force Nurse Corps was made possible by a Congressional bill in 1966. Mrs. Francis P. Bolton, Representative from Ohio, introduced legislation in January, 1965, which was followed in May, 1965, by an identical bill by Samuel Stratton, Representative from New York. As a result, the number of male nurses in the services steadily rose. At one point, all-male nursing units were established. These were dissolved as the presence of the female nurse became recognized as an important morale booster (Donahue, 1985).

MUST (Medical Unit, Self-Contained, Transportable) hospitals became operational in Vietnam. These inflatable rubber shelters with integral electrical power, air conditioning, heating, hot and cold water, and waste disposal were transported by truck, helicopter, or cargo aircraft to create the mobile hospital that replaced the MASH units of Korea (Fitzpatrick, 1983).

The concept of the hospital utilization had to be modified. There were no front lines or a secure road network in the combat area; thus, the helicopter was used primarily for evacuation. The helicopter and communication system moved patients to the most readily accessible operating room. All hospitals were fixed installations in Vietnam, but if necessary the hospitals could be moved (Fitzpatrick, 1983).

A massive exodus of Vietnamese refugees took place at the end of the war in April, 1975. Military nurses worked diligently to provide nursing care to these homeless people in refugee camps and during air evacuation to the U.S.; they also contributed to the teaching of Vietnamese nurses and physicians (Donahue, 1985).

The National Nursing Scene

Differentials for shift work became routine in the 1950s. The average hospital staff could expect an additional \$20 or so a month for working the evening shift and an extra \$10 a month for working nights. Free room, board, and laundry became relics of the past, but by the 1950s most nurses were guaranteed two weeks of vacation. They could also look forward to some income when they retired. Although most nurses were not eligible for Social Security when the program started, by the mid-1950s, 90 percent were covered. Not until the early 1960s did health insurance and sick leave become standard benefits for most nurses (RN at 50: Half a Century of Service, 1987).

Unfortunately, nursing pay failed to keep pace with the improvement in fringe benefits. In 1962, the average nurse's salary was still less than \$4,000 a year. Only after 1966, when the American Nurses' Association called for a \$6,500 minimum entry-level salary, did salaries

escalate. By 1968, the median annual income for nurses was \$6,750 (RN at 50: Half a Century of Service, 1987).

By 1950, the American Nurses' Association found it necessary to adopt a no-strike policy and to mandate a set of rules for nurses employed at hospitals where non-nursing personnel went on strike. "Nurses should not refuse to carry out their usual nursing duties, nor should they take over the work of non-nursing employees unless patient safety is endangered" (RN at 50: Half a Century of Service, 1987).

By the mid-1950s, the revolution in hospital staffing, administration, and design was in full swing. Equipment formerly kept only in central supply was stored on the floors, and orderlies transported patients. Ward clerks began to handle most of the RN's secretarial duties. Hospitals installed toilets in patient rooms and electronic call buttons to save additional steps for the nurses. Part-time nursing developed during the 1950s, and by 1987, one-third of the working RN population worked part-time. The widespread use of disposables, such as urine collectors, gloves, and syringes brought still more relief in the 1960s (RN at 50: Half a Century of Service, 1987).

In 1955, one nurse in ten worked in public health. Not until the early 1960s were many jobs provided by nursing homes. By 1964, nursing home beds doubled over the preceding decade, and long-term care provided one of the fastest growing employment opportunities for nurses (RN at 50: Half a Century of Service, 1987).

On the national scene in 1956, the National League for Nursing reported that the directors of 909 schools of nursing agreed there was a nursing shortage. "Although this shortage is prevalent in all areas of nursing, it seems most acute for staff RNs, instructional, and supervisory personnel." In 1910, there were 55 nurses per 100,000 population; in 1950 there were 249; and in 1954 there were 242. However, the number of nurses employed by federal agencies had increased sevenfold since 1930. The number of active nurses in new hospital employment increased from nine percent in 1930 to 25 percent in 1955, and the number of part-time nurses increased. The ratio of nurses to patients in hospitals doubled from 1932 to 1956. The average work week had been reduced by 23 percent since 1932 when nurses worked 12 to 20 hours per day (Nebraska State Board of Nursing, November, 1956).

In 1964, President Lyndon B. Johnson signed into law the Nurse Training Act, the most extensive nursing legislation in the profession's history, which authorized a maximum of \$283 million for the administration of the Act. The Act provided for construction or renovation of nursing facilities, teaching improvement grants or special projects, traineeship programs, and for loans to nursing students designed to increase the number of students entering the profession. Also in 1964, Title VI of the Civil Rights Act prohibited racial discrimination in all programs or activities receiving federal monies. The American Nurses' Association and the National League for Nursing actively supported the legislation (Fagin, 1990; Kalisch & Kalisch, 1978).

In 1965, a conflict over the future role of diploma schools intensified. In September, 1965, the American Nurses' Association's Board of Directors adopted the paper, Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper, declaring that "education for those who work in nursing should take place in institutions of learning within the general system of education" (Fagin, 1990). The publication marked the beginning of what would become an ever-widening schism in nursing education. Recognition of the need for improved nursing practice had led the American Nurses' Association to conclude:

The education for all of those who are licensed to practice nursing should take place in institutions of higher education; minimum preparation for beginning professional nursing practice should be a baccalaureate degree; minimum preparation for beginning

technical nursing practice should be an associate degree in nursing; education for assistants in health service occupations should be short, intensive preservice programs in vocational education rather than on-the-job training (Kalisch & Kalisch, 1978).

The 1960s saw the introduction of the pacemaker, birth control pills and the IUD, organ transplants, microsurgery, Valium and propranolol, the first beta blocker. From the space program came the need for electronic monitoring devices small enough to be carried in space capsules (RN at 50: Half a Century of Service, 1987).

Nursing Education

As professional nursing moved into the 1950s, prevailing feminine values strongly affected nurse career patterns. The high turnover among registered nurses perpetuated a nurse shortage that was aggravated by the demands of the Korean War and the greater involvement of nurses in the psychiatric field of nursing. Minimal qualifications demanded of nurses were significantly increased by the development and implementation of a common state board exam throughout the United States. Educational standards were further upgraded by the launching of an aggressive school accreditation program (Kalisch & Kalisch, 1986).

In 1949, the National Committee for the Improvement of Nursing Services (formerly a part of the National League for Nursing Education) collected factual information about nursing school programs and the interim classifications of schools. A questionnaire was used to obtain information from all schools of nursing in the U.S. A 96 percent return rate was realized. Each of the participating schools was evaluated according to long-accepted criteria. The schools were classified according to total score obtained by the weighting of the various criteria of administrative policies, financial organization, faculty, curriculum, clinical field, library, student selection and provisions for student welfare, and student performance on state board examinations. In 1950, the findings were published in Nursing Schools at Mid-Century, and provided a method for schools of nursing to evaluate their programs (Donahue, 1985).

The National League for Nursing's accreditation program was established in 1949 and instituted in 1952 to assist schools of nursing in self-analysis as a means to improve education. The purposes of accreditation were to:

- describe the characteristics of schools of nursing that are worthy of public recognition.
- guide prospective students in their choice of a school of nursing.
- guide inter-institutional relationships; i.e. student transfer and activities, placement of graduates, and selection of faculties.
- assist secondary schools, college, and universities in advising students in the choice of a school of nursing.
- stimulate continued improvement of nursing education in the U.S. (National League for Nursing, 1949-1990).

On May, 1957, a total of 278 diploma programs had been fully accredited and 514 temporarily accredited. This program of temporary accreditation, launched in 1951, had been designed as a link between full accreditation and interim classification of basic programs (Fondiller, 1980). The program began to have a noticeable effect on nursing educational standards in the early 1950s. The temporary accreditation program, in effect until 1957, was geared toward helping the inferior schools find ways of improving themselves. Under this program, many special meetings were held, self-evaluation guides prepared, and consultations

arranged. When the program terminated in 1957, the number of fully accredited schools had increased by 72.4 percent. The total number of schools of nursing dropped from 1,139 to 1,115, but schools offering degree programs increased by 37 between 1952 and 1957. Eighteen associate degree programs were established, representing an entirely new entity (Fondiller, 1980; Kalisch & Kalisch, 1986).

A 1953 report by Dr. Margaret Bridgman, "Collegiate Education for Nursing," helped to stimulate baccalaureate nursing programs to improve academically. Many were still similar to diploma programs, whose quality had also improved considerably in the 1950s. The slow rate of growth of collegiate programs resulted in part from the uncertainty of nursing officials about how they should differ from diploma education and also in part from the anticollegiate faction in nursing that saw no point in higher education. A postwar survey of the American College of Surgeons indicated that the vast majority of physicians believed the needs of the sick could be met by nurse's aides, or, at most, by practical nurses. Administrators were not adverse to the "cheap is best" concept (Kelly, 1981). The nursing profession created the two-year Associate Degree route to the RN in the 1950s (RN at 50: Half a Century of Service, 1987).

A report on nursing education in 1956 by the Nebraska State Board of Nursing spoke to the education received by nursing students:

The nursing profession has been largely responsible for changing the clinical experience of students from repetitious functions required in the care of the patient to a limited number of tasks necessary to provide educational experience. Standards other than those relating to clinical experiences have also been raised in hospital schools of nursing.

The loss of students before graduation is a serious problem in nursing. For every three girls admitted, schools of nursing graduate only two. Many schools complain that they do not have a sufficient number of applications to permit effective screening.

The number of schools of nursing in the U.S. has declined from 1,884 in 1930 to 1,169 in 1956. The educational quality of schools has increased as indicated by the fact that in 1950, 92 percent had full-time instructors in contrast to 54 percent in 1924. A decline in the ratio of students to full-time instructors has made it possible for schools to provide more specialized instruction (Nebraska State Board of Nursing, November, 1956).

In 1957, a National League for Nursing publication reflected the positive effect of the temporary accreditation program. Based on data collected in the last year of the program, the report revealed the progress made by hospital schools and identified areas in which there were still problems:

The hospital school of nursing of 1957, in most instances, has come a long way toward achieving the characteristics of a truly educational institution. Although its students are to some extent still used for staffing the nursing services, its major concern is the development of its student. Preparation for nursing practice is its primary aim, but its offerings extend beyond those required for technical or vocational training into those which provide the type of broad educational background that makes for personal as well as professional development (Kalisch & Kalisch, 1986).

Graduate education of nurses progressed slowly. Most degrees continued to be in education, because of the great shortage of teachers of nursing with graduate degrees and graduate schools of education offered part-time programs. In 1953, only 36 percent of nursing faculty members had earned master's degrees, and some had no degree at all (Kelly, 1981).

The four-week annual vacation had become universal. Three-fourths of the schools reported students worked a forty-hour week, and there was better planning of evening and night assignments. The need for redefinition of clinical learning experiences was emphasized, which was the last area to be influenced by school improvement. Finance was another area in which relatively little progress was noted. "In most schools of nursing, the curriculum is developed as an 'income-producing' as well as a 'learning-producing' operation (Kalisch & Kalisch, 1986).

In 1956, the passage of the Federal Nurse Traineeship Act, which authorized funds for financial aid to registered nurses for full-time study to prepare for teaching, supervision, and administration in all fields, opened the door for advanced education for nurses at both the baccalaureate and graduate levels. Short-term traineeships also provided for continuing education programs. The 1963 Surgeon General's Report specifically pointed out differences in quality and quantity of nurses and their education and recommended both recruitment and advanced education. Following the Surgeon General's Report, there was a new surge of federal aid to nursing (Fagin, 1990; Kelly, 1981).

Diploma schools of nursing benefited from the provisions of the Nurse Training Act of 1964. They received construction grants, teaching improvement grants, and payments to defray some of the costs of increased enrollments and to improve the quality of instruction. Low interest loans were made available to students in accredited diploma programs or programs giving reasonable assurance of accreditation (Fondiller, 1980).

Master's programs for nurses still tended to focus on administration or education. Clinical programs did not develop until the 1960s, and clinical doctoral programs in nursing were non-existent until the 1960s (Kelly, 1981).

The Entry Dilemma

The increased cost of nursing education, the decreased return in student time to the hospital, and an attempt by nursing associations to improve the educational level of members of the profession are pressures for establishing nursing education as a non-hospital sponsored activity. There are substantially more collegiate programs of nursing than there were ten years ago (Nebraska State Board of Nursing, November, 1956).

At its biennial convention in 1960, the American Nurses Association proposed to "promote the baccalaureate program so that in due course it becomes the basic foundation for professional nursing" (Fagin, 1990).

In 1963, the Department of Diploma and Associate Degree Programs released its report of a comprehensive survey of diploma programs conducted the year before:

- a trend toward larger and fewer diploma programs
- the lack of qualified faculty
- the cost of diploma programs are met by the parent hospital and are being passed on to the patient
- the hospital nearly always faces a conflict between service and education (Fondiller, 1980)

The Surgeon General's Consultant Group on Nursing emphasized the need to expand and improve nursing education in order for the public to be served by adequate numbers of competently prepared nurses. The report noted that "a student trained in a hospital school usually cannot seek a baccalaureate degree without sacrificing two or more years, because academic credits for training and experience in hospital schools are severely discounted" (Fondiller, 1980).

Esther Lucile Brown discussed diploma schools from an historical perspective and addressed some of their limitations:

...like all training that is primarily technical rather than truly professional, it has serious limitations. Its emphasis is far more on how to do prescribed, relatively well-defined tasks no matter how high the degree of skill involved, than on understanding why they are done.....But training that is fundamentally technical has other severe shortcomings. Its base is too narrow, and the university resources necessary for broadening that base are too hard to come by to permit it to prepare the student adequately for those functions that require a long process of intellectual and emotional growth and development (Fondiller, 1980).

In 1965, the American Nurses Association issued a position paper that many felt would be the death of diploma schools. The paper proclaimed that the "minimum preparation for professional nursing should be the Bachelor of Science in Nursing and for technical nursing, the Associate Degree." Two hundred diploma schools closed between 1955 and 1967 (RN at 50: Half a Century of Service, 1987).

In May, 1965, at the National League for Nursing convention in San Francisco, League members adopted the following resolution that came to be known as "Resolution #5":

The NLN in convention assembled recognizes and strongly supports the trend toward college-based programs of nursing. The NLN recommends community planning which will recognize the need for immediate expedition of recruitment efforts which will increase the number of applicants to these programs and implement the orderly movement of nursing education into institutions of higher education in such a way that the flow of nurses into the community will not be interrupted.

To forward the continuing professionalization of nursing reflected in this statement, the NLN shall sponsor a vigorous campaign of interpreting the different kinds of initial preparation for personnel prepared to perform complementary but different functions. The NLN strongly endorses educational planning for nursing at local, state, regional, and national levels to the end that through an orderly development a desirable balance of nursing personnel with various kinds of preparation become available to meet the nursing needs of the nation and to ensure the uninterrupted flow of nurses into the community (Fondiller, 1980).

Nursing Research

Nursing research also tended to take a slow path. Although there were studies of nursing service, nursing education, and nursing personality, most were done with or by social scientists. Nursing leaders realized that nursing could not develop as a profession unless clinical research focusing on nursing evolved. One of the first major steps in that direction was the 1952

publication of Nursing Research, a scholarly journal that reported and encouraged nursing research (Fagin, 1990). The other was the establishment of the American Nurses' Foundation in 1955, for charitable, educational, and scientific purposes. The Foundation conducts studies, surveys, and research; funds nurse researchers and others; and publishes scientific reports (Kelly, 1981).

In 1956, the federal government also began to fund nursing research. Federal support in the 1960s provided research training through doctoral programs, including the nurse scientist program, and funding for individual and collaborative research efforts (Kelly, 1981).

Nursing Organizations

During the 1950s, professional organizations of nursing had varied influences and were examining their roles and relationships. A study to consider restructuring, reorganizing, and unifying the various organizations was initiated shortly after World War II (Kelly, 1981). The National Association of Colored Graduate Nurses was officially dissolved, and its functions and responsibilities were absorbed by the American Nurses' Association (Fagin, 1990).

In 1952, the six major nursing organizations came to a decision about organizational structure. Two major organizations emerged: the American Nurses Association with only nurse members; and the renamed National League for Nursing with nurse, non-nurse, and agency membership. The American Association of Industrial Nurses continued, and the National Student Nurses' Association was formed (Fagin, 1990; Kelly, 1981).

Although there was an apparent realignment of responsibilities, the relationships between the American Nurses' Association and the National League for Nursing ebbed and flowed; sometimes the organizations were in agreement and sometimes they were not. Sometimes they worked together; at other times each appeared to make isolated unilateral pronouncements. Some nurses longed for one organization, but there seemed to be mutual organizational reluctance to go in that direction. However, in those changing times, each organization had some remarkable achievements: the League in educational accreditation and the American Nurses' Association in its lobbying activities, the development of a model licensure law in the mid-1950s, and the increased action in nurses' economic security (Kelly, 1981).

In 1953, Nursing Outlook, the League's official journal, was launched by the American Journal of Nursing Company. The American Nurses' Foundation was established as a separately incorporated American Nurses' Association subsidiary (Fagin, 1990).

Men in Nursing

The history of men in nursing extends back through the Christian Era. It reached its height during the time of the Crusades when European manhood was personified in various military religious orders whose essential work was nursing and hospital administration. The role of men in nursing in the United States began in 1888 when the first school of nursing for men, Mills School, was established at Bellevue Hospital in New York City. The school was in operation for many years, with the exception of the war years (Deloughery, 1977).

Men were overlooked as potential sources of nurse power, although male nurses have existed almost as long as female nurses. By 1910, about seven percent of all students and graduated nurses were men, but in succeeding years the percentage declined until by 1940 it dropped to less than two percent (Kelly, 1981).

The prejudice against men related to nursing has persisted to some extent. As the image of the female nurse evolved, men did not seem to fit into the concepts held by the power figures

in and out of nursing. Although men graduated from acceptable nursing schools, usually totally male, and attempted to become active members of the American Nurses' Association, even forming a men's section, their numbers and influence remained small until the post-World War II era (Kelly, 1981).

Ninety-nine percent of those enrolled in nursing in January, 1939, were women. Four schools, one of which was in a hospital for mental patients, admitted men exclusively, but their combined registration was only 179. There were 63 coeducational schools of nursing with 710 men and 3,798 women students enrolled. In the schools of 49 general hospitals that admitted both men and women, the proportion of males was undoubtedly negligible. While the 21 hospitals for the mentally ill showed large numbers of men, such institutions were too few to affect the total picture. In teaching and social work, as well as in nursing, women out-numbered men (Brown, 1940).

Since 1901, men nurses were barred from the Army Nurse Corps because the law that had brought it into being designated it as the "Army Nurse Corps, Female." This was brought to the attention of the American Nurses' Association in January, 1941, by the Men Nurses' Section of the American Nurses' Association, which sought repeal of this law and enactment of a law to give men and women equal opportunities in the military service. The request was referred to the Surgeon General who disregarded the request (Kalisch & Kalisch, 1986).

During World War II, men nursing students were not exempt from the draft, although the need for nurses was critical. Therefore, nursing enrollment for men dropped drastically to less than 200 (Kelly, 1981). Registered men nurses were inducted into the armed forces as privates in the Army or as pharmacist's mates third class in the Navy. The result was that men nurses who were employed in military service had no official status. They received no recognition as a professional group, no authority, and no distinctive marking to identify them to the wounded or to other health workers. Reports showed that their services as nurses were not utilized. Other reports revealed that while they were serving as nurses, they were doing it without nursing rank (Kalisch & Kalisch, 1986).

The first men were not commissioned as nurses until 1955, through the Bolton Amendment to the Army-Navy Nurse Act. Other legislative acts have subsequently improved the conditions of military nurses and removed most restrictions on the careers of nurse officers in the armed services. The appointment of male nurses to the regular forces of the Army, Navy, and Air Force Nurse Corps was made possible by a Congressional bill in 1966 (Donahue, 1985).

According to the 1960 U.S. census, there were 440,355 nurses in the U.S. of which male nurses comprised one percent; the smallest subprofessional group in the United States. Nursing continued to be traditionally a female profession (Deloughery, 1977). By the close of the 1967 fiscal year, 1,032 male Army Nurse Corps officers made up 22 percent of the army's nursing total. About half were in the clinical nursing specialties of anesthesia, operating room, and neuropsychiatry (Kalisch & Kalisch, 1986).

In 1972, the percentage of men admitted to nursing programs was nearly double that of 1969. The number of men in RN programs increased from 3.5 percent to 6.0 percent, and the number of men in practical nurse programs increased from 4.4 percent to 5.3 percent. The South and West had a somewhat higher percentage. Of the RN programs, most men were enrolled in associate degree programs and the fewest in diploma programs. Graduation figures for men were also higher (Deloughery, 1977; Kelly, 1981).

The National Male Nurse Association evolved from the Michigan Male Nurses' Association, which was founded in the early 1970s as a forum for discussion of problems and concerns of men nurses. The major objectives were to provide men nurses an opportunity to:

- join together in order to help eliminate prejudice in nursing.
- interest men in the nursing profession.
- encourage education and promote further professional growth.
- provide opportunity to discuss common problems.
- advise and assist in areas of professional inequities.
- help develop sensitivities to various social needs.
- promote the principles and practices of positive health care (Kelly, 1981).

The increase in enrollment may be attributed in part to the Nurse Training Act of 1971, which called for identification and recruitment of "individuals with a potential for education or training in the nursing profession." One study in personality reported that men nurses have more empathy than women nurses; men and women in nursing were more likely to have similar attitudes and personalities than those outside nursing; and men maintained the high social values necessary to the nursing profession, while at the same time bringing in their own critical, rational, and empirical interests to the field. According to the study, men in baccalaureate programs most often preferred surgical nursing, intensive or coronary care, and nursing education, while diploma and associate degree men preferred administration, anesthesia, psychiatry, operating room, and teaching. All men generally listed specialties requiring technical competence and responsibility; they also wanted higher salaries and status. Men nurses also showed interest in physician's assistants and nurse practitioner roles (Kelly, 1981).

In 1981, more than 14 percent of the over 18,000 certified registered nurse anesthetists were men. A certified registered nurse anesthetist (CRNA) is an RN who has graduated from an approved school of anesthesia for nurses and has passed the qualifying examination. The postgraduate course in anesthesia takes about two years. Although salaries equal or exceed other nursing salaries, the job is considered stressful and the hours irregular. Malpractice insurance is necessary and perhaps fifty times as expensive as that of other nurses (Kelly, 1981).

Bill Pomajzl, Class of 1964, from Wilbur, Nebraska, was enrolled as Bryan's first male student in 1961. As of April, 1996, 87 males had graduated from Bryan School of Nursing. After spending time in the service, Pomajzl graduated from Anesthesia School in Pennsylvania. He was the first of 22 male graduates through 1974 (*A New Image...The Male Nurse*, 1974), and the first male nursing student to graduate in Lincoln. His sister, an RN, influenced his choice of occupation. Another male student started at Bryan at the same time, but dropped out after six months. The two of them lived in rooms in the basement of the hospital (*Bryan Graduates First Male Nurse*, 1964; Pomajzl, August, 1994).

After the other male student left, Pomajzl moved to the third floor of Fairview and lived alone in the house. He described it as a "lonely place." He had read a lot about the Bryans, and because Fairview was old, there was creaking and strange noises. At the time he lived there, they were restoring Fairview and making a museum on the first floor and lower level. The wood and the furnishings in the house were very dark. With the noises, the dark interior, the remodeling, and living there alone, there was a "fantasy ghost" who shared the house with him (Pomajzl, August, 1994).

The female students gave Pomajzl a great deal of support. However, if he went to the dorm to join in games or study with them, he had to be out of the building early in the evening. He said he missed companionship in training. Pomajzl credits the Director of the School, Mrs. Margaret Pavelka, for his successful nursing career. She gave him direction and support while he was in school. The total cost for three years was \$1,500. "The best investment I ever made! Never any regrets" (Pomajzl, August, 1994)!



Bryan's first male graduate, Bill Pomajzl, Class of 1964.

David Kepler, Class of 1972, married a fellow classmate in August of 1972 after graduating in July. There were four other male nurses in his class, so he was not alone. "I was a little self-conscious to begin with, but the public opinion of a male nurse was changing" (No problems for Male Nurse Kepler, 1972).

Jerry Giardina, Class of 1976, was one of four male students in his class at Bryan; men were definitely in the minority. "There were a few instances when male students had separate lab classes, for instance when we learned to give injections, but otherwise it was like any other school situation. The instructors would bend over backwards to assist us with any problems, and the other students were friendly" (A New Image...The Male Nurse, 1974).

Nursing in Nebraska

The following Nebraska Schools of Nursing were in existence on October 19, 1950, according to a report given at the State Nurses Convention:

School	Number of Students
Nebraska Methodist Hospital	102
Union College	57
St. Catherine's Hospital	118
St. Joseph's Hospital	152
St. Francis Hospital	49
St. Elizabeth's Hospital	72
Bryan Memorial Hospital	66
St. Joseph's Hospital, Alliance	25
Immanuel Hospital	102
West Nebraska Methodist	51
Clarkson Memorial Hospital	94
Lincoln General Hospital	102
Nebraska University Hospital	106
Mary Lanning Memorial Hospital	58
Total	1,154

Between 1946 and 1950, of the 1,939 students that entered Nebraska nursing schools, 456 of them dropped out (NSHS, 1909-1983).

Nebraska had 5,149 licensed nurses in 1950. Bachelor's and master's degree programs for graduate nurses were started at Omaha University that year. The Nebraska Nurse Practice Act was amended, and the changes went into effect March 15, 1950. Changes included the minimum clinical experience required in each area and the topics to be examined: Medical Nursing, Surgical Nursing, Obstetric Nursing, Nursing of Children, Communicable Disease, and Psychiatry (NSHS, 1901-1983).

The number of licensed nurses in Nebraska had risen to 6,285 in 1951 (NSHS, 1901-1983). State Board exams were conducted three times a year. There were 429 students who entered Nebraska's fourteen schools of nursing in 1951 (Bureau of Education and Registration for Nurses, 1951).

In 1951, plans were made by the Nebraska State Nurses' Association to revise the Nurse Practice Law to cover the licensure of both professional and practical nurses. A revision in the minimum employment standards for general duty and industrial nurses was adopted. A Civilian and Military Nursing Needs Committee was appointed and a county by county roster of all active and inactive nurses was prepared. Membership in the State Association totaled 1,477 nurses (Trott, 1956).

The total number of licensed nurses in Nebraska had dropped to 4,589 in 1952. Baccalaureate degrees were available through Omaha University, and University extension courses were given in Lincoln by Sister Mary Louis of Creighton, St. Joseph's Hospital, Omaha. Nebraska held twelfth place in State Board exam scores nationally and climbed to sixth place in 1953 among the 48 states (NSHS, 1901-1983).

There were eleven diploma schools in Nebraska and two collegiate schools in 1953. The school mean scores for State Board Test Pool Exams were above the national mean. In February, 1953, 342 wrote State Board exams (first writing), and 65 failed. There were 322 who wrote State Board exams in July (first writing), and 319 licenses were issued. The total number of Nebraska licensed nurses in December, 1953, was 6,805. A new Nurse Practice Act was passed by the legislature in 1953 repealing all former statutes. It provided for mandatory licensure for

professional nurses. The Nurse Practice Act was known in print as "Laws Governing Nursing." A 1953 report of the Director of the State Board of Education and Registration for Nurses stated:

The Official Directory of Registered Nurses in Nebraska, indicating some 6,000 nurses were qualified for practice in the State, was off the press the latter part of May. With mandatory legislation, it was particularly advisable to send copies of the Directory to every approved hospital in the state. It would seem that the comment, "If you are paying professional salaries, be sure you are receiving professional services," was well taken. Several Administrators are becoming more aware of the quality of the graduate RN as they find they are paying professional salaries to non-professional personnel who are posing as RNs (NSHS, 1901-1983).

The Nebraska State League for Nursing was organized to take the place of the League for Nursing Education and the old State Organization for Public Health Nursing. A Coordinating Council was formed to tie together the State Association and the State League for Nursing in Nebraska. A statewide program for training instructors to teach hospital aides was launched, using what was formerly known as the "Training Within Industry" method of teaching (Trott, 1956).

There were twelve schools of nursing in Nebraska in 1954, ten of which were 3-year diploma schools. The following information was given in a report of the State Board of Nursing in 1954:

Hospital administrators and nursing service administrators are becoming aware of the need for determining the qualifications of nursing personnel. This awakening will reduce the number posing in this state as RNs and of persons not qualified as practical nurses (Nebraska State Board of Nursing, 1954).

There was an increased interest in professional organizations in 1954 as reflected by Nebraska nurses elected to American Nurses' Association section offices and 250 members serving on the State Association Board, Committees, and Sections. In 1954, the State Association joined forces with the Nebraska Practical Nurse Association in preparing a bill (which became law in 1955) to provide for the licensure of practical nurses. Minimum Employment Standards for Education Administrators, Consultants and Teachers, Institutional Nursing Service Administrators, and Office Nurses were adopted, and those of private duty, public health and general duty were revised (Trott, 1956).

The Annual Report dated December 31, 1955, stated that nursing functioned as a branch of the Department of Education. When new legislation concerning nursing became effective in September, 1955, the name was changed to "State Board of Nursing" from "State Board of Education and Registration for Nurses." At the close of 1955, only seven of the twelve schools in Nebraska were fully accredited. Three hundred thirty wrote State Board exams for the first time that year and 322 were licensed (NSHS, 1901-1976). Nebraska graduates writing the exams ranked eighth in the 48 states in Medical Nursing, eighth in Surgical Nursing, ninth in Obstetrical Nursing, fourth in Nursing of Children, and first in Psychiatric Nursing (Nebraska State Board of Nursing, October, 1956).

The Nebraska Nurse Practice Act was amended in 1956 to provide for permissive licensure for practical nurses. On July 1, 1956, there were 1,169 professional nursing students enrolled in Nebraska schools of nursing and 48 practical nursing students (Nebraska State Board of Nursing, October, 1956). The Nebraska State Nurses' Association celebrated its fiftieth birthday.

Its objectives had not changed from those on which the organization was founded: "To foster high standards in the practice of nursing and to promote the general and economic welfare of nurses to the end that all people may have better nursing care" (Trott, 1956).

The nursing shortage in Nebraska and the nation was documented in Report on Nursing Education, November, 1956, from the State Board of Nursing. In July, 1956, there were 1,169 nursing students enrolled in 12 schools in Nebraska, all of which were fully accredited by the League. Ten of these schools were three-year diploma schools. In 1953, there were 403 students admitted to professional nursing schools. A total of 306 graduated by September, 1956, an attrition rate of 25 percent compared to the national attrition rate of 33 percent (Nebraska State Board of Nursing, 1956).

In a report of the State Board of Nursing in October, 1957, it was reported that there had been changes and progress in school of nursing programs, and there were continued efforts to provide a better nursing education. There were 12 schools of professional nursing with 1,141 students enrolled, a slightly lower enrollment than the year before. Refresher courses were given to inactive nurses returning to duty.

The need for more professional RNs continues. Progress in medical science and trends in hospitalization of more patients and increasing health services for families have increased the demand for professional nurse services both in actual bedside care and the direction and supervision of the practical nurse and other non-professional workers in nursing service. The greatest need in numbers is for the general duty nurse for bedside patient care and leadership in the health team. The needs are equally as great though in smaller numbers for well-prepared professional nurses in the areas of supervision, instruction, and administration of both nursing education and nursing service (NSHS, 1901-1983).

There were concerns over violations of the Nurse Practice Act: "The law provides for discipline of licensure for various serious causes, including professional incompetence, mental incompetence, and the use of habit-forming drugs." Other frequent violations were practicing without a current, legal license and representation as RNs or LPNs; however, most were due to failure to renew licenses. On April 1, 1957, there were 888 RNs in Lancaster County. On July 1 of that year, 1,141 students were enrolled in Nebraska schools of nursing. On December 1, 431 students were enrolled in twelve schools of nursing; 343 students graduated. Two State Board exams were held in 1956 and 1957. Of the 316 candidates writing for the first time in 1956, 313 received licensure; in 1957, 321 wrote and 308 were licensed. In 1957, there were 2,255 nurses employed in hospitals and public health agencies (Veterans' Hospitals not included), and the remainder were employed in doctor's offices, clinics, and industry (NSHS, 1901-1983).

From 1957 through 1965, Nebraska ranked in the top ten of the 49 states in State Board exam scores. In 1957, there were 9,234 licensed RNs in Nebraska; in 1959, 10,193; in 1960, 10,466; in 1961, 10,770; in 1962, 11,086; in 1963, 11,407; in 1964, 11,817; and in 1965, 12,173 (NSHS, 1901-1983).

A report of the State Board of Nursing in October, 1958, reflected thirteen professional schools of nursing in Nebraska, all State accredited, with a total of 1,090 students enrolled. Nine schools had full League accreditation. Three State Board exams were given in 1958 to 308 graduates; the number licensed was not listed. The Nebraska State Board of Nursing participated in the American Nurses' Association's "National Nurses' Inventory," which was used for statistical summaries, and in "Nurse Power in Nebraska". Information included the method of licensure, whether employed, type of employment, marital status, age, sex, and type of position.

These statistics were used for Civil Defense, disasters, volunteer nursing, those returning to active duty, and promotion of district membership. Over 50 percent of the 6,000 nurses living in Nebraska were actively employed (NSHS, 1901-1983).

LB 384, a bill to establish a separate, independent State Board of Nursing separate from the Department of Education, was passed by the Nebraska legislature on April 27, 1959. The law became effective September 28, 1959 (Nebraska State Board of Nursing, 1959).

A total of 337 Nebraska nurses took the state licensing exams in January, June, and September of 1962. The state's nurses exceeded the national average by substantial margins in each category. In Psychiatric Nursing, Nebraska nurses ranked third nationally; in Nursing of Children, third; in Obstetrics, fourth; in Surgical Nursing, fifth; and in Medical Nursing, seventh. "The record should tell prospective students in the state that they need not go elsewhere for the best nursing education in the country!" (State Nurses Rate at Top, 1962).

In 1963, a \$15 monthly salary increase was given to general duty nurses at the three hospitals in Lincoln. The increase meant that a newly-graduated RN would start at \$315 per month rather than the previous \$300. "Lincoln and Nebraska, like the nation, are continually short of RNs. It puts us on a competitive level with some areas, yet still below others" (Nurses' Wages Up \$15, 1963). In 1964, there were three collegiate and eleven diploma schools in Nebraska (NSHS, 1901-1983). The licensure fee for nurses in Nebraska was raised from \$15 to \$25 in January, 1965. Nebraska ranked in the top ten states in State Board exams in 1964. The number of licensed Nebraska RNs totaled 11,407 (NSHS, 1901-1983).

In 1964, there was a severe nursing shortage in Nebraska and the nation. Nebraska had 6,500 active, licensed RNs, but could have put many more to work, and "the need is destined to keep climbing." Many of the diploma school graduates went on for graduate study following graduation (Nebraska, Nation Have Nurse Shortage, 1964).

Bryan Memorial Hospital

By 1950, some 60,000 patients had been served at Bryan Hospital. A new era of growth began. Medical progress was moving with lightning speed. Sophisticated changes required hospital management with expanded vision and expertise. The hospital's management was strengthened in 1955 when Eugene G. Edwards became the hospital's new administrator. Edwards, who was only thirty at the time, had a Master's Degree in Hospital Administration from Washington University in St. Louis, Missouri. The Trustees in 1955 could not foresee how Eugene Edwards would guide the growth of Bryan from a small community hospital to a tertiary care institution complete with all the general services of a community hospital (Bryan Memorial Hospital, 1987).

Since 1952, the Board of Trustees had been studying the hospital's needs for a larger school of nursing, more patient beds, and improved facilities to keep pace with the great advances made in the medical field (Bryan Memorial Hospital, 1959). Bryan's Board of Directors accepted a fund-raising survey by Beaver Associates, Inc. of Chicago regarding the possibility of Bryan undertaking a \$2,250,000 expansion program. The proposed expansion would hinge on one million dollars of public donations to be raised in Lincoln, which reflected 44 percent of the total cost. Such an expansion would increase Bryan's bed capacity from 125 to 190 beds and double the school's capacity from 60 to 120 students. In 1957, the four hospitals in Lincoln had 631 beds: St. Elizabeth, 260; Lincoln General 188; Bryan Memorial, 125; and Providence, 58 (Bryan Hospital Considers Major Expansion Plans, 1957).

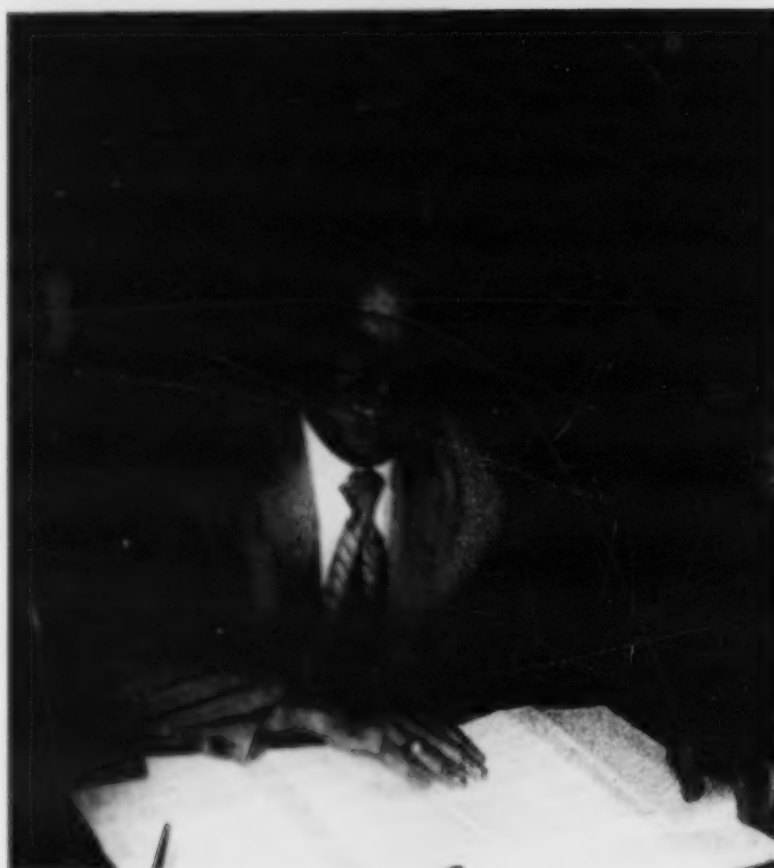


Bryan Memorial Hospital in the 1960s.

Hospital Board members voted unanimously to include up-to-date patient care programming, along with the \$2.3 million building construction and remodeling plans. The new patient care plan to be inaugurated with the remodeling program would provide hospital accommodations to fit the illness of the patient. The first phase of the three-part patient program was expected to be put into effect with the completion of the new wing. "The patient care program is a division of patients on the basis of the amount of care required, which would allow better utilization of staff and hospital charges based on the amount of care received," according to Eugene Edwards, Hospital Administrator (Bryan Board Includes New Patient Care, 1958).

The three divisions of the patient program were:

- facilities for "intensive patient care," which would allow for 24-hour staff attendance for the severe cases requiring such care.
- facilities for "individual care" designed for patients with less severe illness or minor surgery, which would require less than constant care and supervision.
- facilities for "self-care" designed for patients able to care for themselves in an even greater degree. For instance: a patient hospitalized for tests could take his meals in the hospital cafeteria, with supervision of a dietitian, and keep his appointment for tests (Bryan Board Includes New Patient Care, 1958).



Eugene Edwards, Bryan Hospital Administrator from 1955-1989.

Board members approved the new plan, after receiving a signed endorsement from more than 100 staff doctors. The new patient care plan would be the first in the state, but hospitals country-wide had been initiating similar programs. If the new plan was not initiated along with the renovation plan, proper facilities would not be available for the program, and the hospital patient care would be out-dated in an up-to-date building (Bryan Board Includes New Patient Care, 1958).

A gift from the Ford Foundation made it possible to construct a \$100,000 modern laboratory at Bryan in 1958. Bryan Hospital had a 93 percent occupancy, and nearly 200 patients were turned away for lack of facilities (Bryan Memorial Hospital, March, 1959). The \$2,800,000 construction project began in the fall of 1960. This provided for the construction of a new School of Nursing for 100-110 students, a new five-story east wing plus two floors added to the present hospital building, and wide-scale renovation, relocation, and modernization of the existing plant. The method of financing was with Hill-Burton funds in the amount of \$1,080,000 (the largest amount of money given by the Hill-Burton Fund to a Nebraska organization), a mortgage loan for \$900,000, assets and subscriptions on hand totaling \$320,000, and a fund-raising campaign that opened March 1, 1959, to raise the balance of \$500,000. When completed, Bryan Memorial Hospital would have a plant valued at \$5,300,000 (Bryan Memorial Hospital, 1959).

An appropriation of \$10,000 per year was received from the Methodist Conference for three years in the late 1950s; \$5,000 of this amount was allocated to the School of Nursing and \$5,000 for Free Service. Patient revenue provided the hospital's other income. There were 250 employees at Bryan in 1959, four of whom had been with the hospital for 25 or more years (Bryan Memorial Hospital, 1959).

In 1960, the U.S. Public Health Department's hospital division asked Bryan to consider a new patient care concept in its expansion and modernization program. Bryan Board members and medical staff approved the concept for the new medical facility. It would give the public five types of service at scaled prices--intensive care (10%), intermediate care (50%--without special nurses), self-care (20%), long-term care (20%), and home care (Bryan Hospital Studies New Treatment Concept, 1960).

Ground-breaking ceremonies were held in August, 1960. It was anticipated that the School would be ready for occupancy in June, 1961, and the new hospital wing by late August, 1961 (Bryan Memorial Hospital, 1963). The expansion was completed in 1963 bringing the bed capacity to 260. A five-story addition was added to one side of the building while smaller additions were added elsewhere (Bryan Memorial Hospital, 1987). Three more floors were added. The fourth floor was finished while the other two were ready to finish when needed, requiring only interior work and equipment. Cost of the additional three floors was \$800,000. Hill-Burton funds were not sought for the project. The fourth floor gave Bryan another 67 beds for a total of 261 beds. When the fifth and sixth floors were put to use, Bryan became a 360 or 370-bed hospital. Patient population figures were near 100 percent occupancy in mid-1962, especially in terms of medical-surgical beds (Bryan Memorial Hospital, 1962).

In 1963, Bryan Hospital had a medical intern program and was approved for eight rotating internships. The program was divided into four months on the Medical Services, four months on the Surgical Services, and two months each on Pediatrics and Obstetrical-Gynecological Services. The interns were also in charge of the Emergency service. The need for intern housing also became apparent. Two side-by-side duplex units were built providing homes for four families. Later, another four-unit structure was completed (Bryan Memorial Hospital, 1963).

The three Lincoln hospitals raised their room rates in 1963. The increase was in line with predicted steady rising rates nationally. These rates did not reflect the high average patient day cost to the hospital, but merely the cost of the room, general nursing services, food, and stock medical items. Based on a two-bed room, the following are individual hospital rate statistics for 1963:

St. Elizabeth	\$16 to \$19.50 (\$1 room rate increase throughout the hospital)
Lincoln General	\$18.50 to \$20.50 (average \$1 room rate increase)
Bryan Memorial	\$19 to \$21 (with a television in each room) (Nurses' Wages Up \$15 in 1963).

Fairview continued to be used as a dormitory for student nurses until the early sixties. In 1961, an agreement was made between the Junior League of Lincoln, the Nebraska State Historical Society, and Bryan Memorial Hospital to restore Fairview as a site of historical interest. Parts of the building's upper floors were opened as a museum. Between 1961 and 1972, the house was used by the Junior League of Lincoln for offices and meeting rooms, and between 1962 and 1993, the lower level was used as a day care center for children of hospital employees (Bryan Memorial Hospital, 1987; Don't Miss Fairview Tours, 1994).

The hospital experienced significant growth from 1960 to 1967. In 1967, construction began on a southern wing addition to the hospital. Because of the proximity to Fairview, the east main stairs to the front porch were relocated to the south side of the porch. The stairs were reassembled using many of the original materials. In 1963, Fairview was designated a Registered National Historic Landmark, and it was added to the National Register of Historic Places in 1978 (Bryan Home to Be Restored, 1984; Bryan Memorial Hospital, 1987; Don't Miss Fairview Tours, 1994).



Fairview in 1968 after the main entrance was relocated on the south.

During this time, Eugene Edwards was instrumental in leading the three Lincoln hospitals to an agreement that it would be more cost effective if each institution specialized in certain areas of medical care. Bryan became a specialty leader in heart treatment. Physicians at Bryan implanted the first heart pacemaker in 1965 and performed the first open-heart surgery in 1966. A "Code Charlie" system was established in Bryan's Intensive and Coronary Care Units, the first hospital in Lincoln to do so (Bryan Memorial Hospital, 1987).

Bryan School of Nursing

The "Training School Committee" was mentioned in the 1950 Annual Report to the Bureau of Education and Registration for Nurses. The Committee met at least four times per year to review applications, select students, help determine policies for the school, and study problems

and dismissals. The legal name of the hospital in 1950 was "Bryan Memorial Hospital of the Methodist Church." The President of the Board was R.E. Harrington; Superintendent, Dr. E.C. McDade; and Director of the School, Miss Mabel Johnston. Total hospital beds were 150 and the daily patient average 97 (NSHS, 1945-1977).

In 1950, 66 students were enrolled and 19 graduated. One class was admitted in August, and no one was dismissed or resigned. Tuition was \$275 for three years plus a \$10 graduation fee. The students in the preliminary course went to school three hours on Saturday, seven hours during the week, and had 44 hours of ward duty each week. Affiliations continued at Children's Memorial in Omaha and the Hastings State Hospital at Ingleside. Seven students were in the five-year degree program with Wesleyan (NSHS, 1945-1977).



Students in Hospital classroom, 1950s.

The school library was in the nurses' home and included the following periodicals: Modern Hospital, Venereal Diseases, Today's Health, Geriatrics, Pediatrics, Hygeria, American Journal of Nursing, Trained Nurse and Hospital Review, and Public Health Nursing. The Faculty

Organization met twice a month and minutes were kept. Full-time instructors worked 44 hours per week, and promotion was "according to qualifications and as vacancies occur" (NSHS, 1945-1977).



Hospital ward in the early 1950s.

The 1950 report documented improvements that had been made: less night duty for students, closer student supervision by clinical supervisor, improved conditions of bathrooms in nurses' home, dorm rooms painted, and recreation room in dorm redecorated. Marriage for nurses while in training was cited as a problem. Aims for the coming year included a new nurses' home and more complete experience records (NSHS, 1945-1977).

In a report of a survey of the School of Nursing dated January, 1951, Blanche Graves, Bureau of Education and Registration for Nurses, noted that Miss Johnston was Director of Nursing at a salary of \$350 per month. Fifty-eight staff graduates, earning \$200 per month, were employed "assuring better nursing service." The average daily patients in 1950 was 110; bed capacity 130 plus bassinets (NSHS, 1945-1977).

Sixty-three students were enrolled at the time of the 1951 survey, 45 of whom were in the upper one-third of their high school class. There were seven students in the five-year program; twenty of them had from six months to two years of college before admission. One class was admitted in 1951; duty hours the second and third years were 44. Students got four weeks' vacation the first year and three weeks the second and third years. There was an infirmary for students on the ground floor of the new wing of the hospital (NSHS, 1945-1977).

Students paid \$275 (which included uniforms, books, lab fees, library fee, and health exams) plus a \$10 graduation fee and tuition for Wesleyan. There were 1,147 curriculum hours for 1950-1951. The sciences were taught at Wesleyan; Dermatology and Public Health Nursing were taught at Lincoln General Hospital with Lincoln General and St. Elizabeth students. Students were assigned a 13 week experience in Surgery and spent six weeks at Omaha Children's Hospital. The Bureau's recommendations following their 1951 visit included: (1) a new nurses' home should be planned for in the near future; (2) an unsanitary condition exists with the clothes chute opening from the kitchen, which necessitates soiled linen being brought to this area; and (3) showing of more films by all instructors (NSHS, 1945-1977).

The May, 1976, the Commoner cited some interesting facts about the School. In 1951 when the School was 25 years old, the following information was given:

- Students needed 18 hours of course work at Nebraska Wesleyan University. Pediatric training was at Children's Hospital in Omaha (6 weeks); Psychiatric training was at Hastings State Hospital (3 months).
- The forty-four hour week had been in effect since 1948. Most classwork was done in the evenings.
- Tuition, books, uniforms, and room and board for three years was \$241.
- White cotton uniforms, heavily starched with short sleeves were worn. (In the student nurses' handbook of 1951, it warned nurses about mending uniforms with adhesive tape.)
- Students were required to attend 6:30 a.m. chapel services three times per week or suffer demerits or camping.
- Senior students moved into what was the Management Services Building in 1948. Others still lived at Fairview (From the Archives, 1976).

At the time of the 1952 Annual Report, the President of the Board was Elmer Magee; the Superintendent was Dr. E.C. McDade, and the Director of the School was Miss Mabel Johnston. There were 130 hospital beds and a daily average of 101 patients. There were 13 supervisors and head nurses in the hospital, 40 general staff nurses, and 30 nurses' aides. A total of 66 students were enrolled; five had resigned, one was dismissed, and 19 graduated in 1952. One class was admitted in September, 1952. Tuition was \$285 for the three-year program. Night duty began after 12 to 20 months for a two-week term. Students in the school were allowed to marry during the last six months of training; a change from previous years. The School of Nursing Committee, appointed by the Board of Trustees, served for three to four years with meetings held every third month or as needed (NSHS, 1945-1977).

The 1952 report listed several accomplishments: better clinical supervision, more ward classes, less night duty, and relief for students. Problems included: more office space for instructors and clerical help needed, more clinical instructors for relief on the night shift, and more graduate nurses to relieve students of some ward responsibilities (NSHS, 1945-1977).

An intensive study was made in 1952 and 1953, because of the high percentage of failure on State Board exams. It was felt that high attrition for classes admitted in those years was due in part to concern over performance on State Board exams. The results of the League

Achievement Tests and State Board Exams were used to evaluate teaching effectiveness and to determine student attainment of knowledge and understanding (NSHS, 1945-1977).

In 1952-1953, interested citizens presented a bond for \$4.5 million dollars to be used as matching funds for federal aid for complete reorganization of the two hospitals and nursing schools. The issue was overwhelmingly defeated and apparently dropped. The report also alluded that "plans for a new nurses' home and teaching unit have been underway for so long that they appear to be only a dream." The following regarding the School's history was written:

We feel that we have been somewhat lax in collecting information regarding the historical development of the school. A scrapbook of interesting items is kept by the librarian. Copies of State Board reports, NLN questionnaires, State Board exam grades, contracts, etc. are kept. Information regarding the development and changes in curriculum is limited. We do have a copy of the history of the school written by one of our graduates as part of the requirement for her Master's Degree (NSHS, 1945-1977).

Students were admitted September 6, 1953, and were required to have at least two high school units in science. Psychometric tests administered prior to admission were the NLN Pre-Nursing test and the Guidance Examination. Nineteen students took the State Board exams and passed (NSHS, 1945-1977).

The Survey Report of April and May, 1954, reflected that the School was approved by the State Board of Education and Registration for Nurses and was accredited by the National League for Nursing. Affiliations used were: Wesleyan University for basic physical and social sciences, the Agricultural College at the University of Nebraska for foods and nutrition, Children's Memorial Hospital for Pediatrics, and Hastings State Hospital for Psychiatry. The patient average was 110 and the School's enrollment was 60 with a faculty of nine. Faculty committees included: Admission and Preparation, Curriculum, Student Health, Revision of Constitution, and Library (NSHS, 1945-1977).

The Hospital business office collected school revenue and met the School of Nursing deficit. The School operated under a separate budget drawn up by the Director. Sources of income included student fees, student service, and patient income. The budget for the survey in 1954 was \$87,078.40:

Tuition	\$ 6,435.00
Student Service	62,012.15
Total Income	\$68,447.15
Budget Deficit	\$18,631.25

The counseling program was confined to the faculty member of the student's choice. Eight of the 22 students of the class admitted in September, 1952, withdrew. Financial aid for students included: the School of Nursing loan, Alumni Association senior loan fund, American Legion, Altrusa Club, State Rehabilitation Center, and six church scholarships (NSHS, 1945-1977).

Congested administrative quarters for the school were mentioned in the 1954 survey report. It was also thought that there should be a closer working relationship between Wesleyan and the School of Nursing. The survey stated that the nursing program did not meet the educational criteria accepted by the nursing profession. The recommendations included (1) formulation of a school philosophy, (2) a Master's Degree be secured by the Director, and (3) improvement of the faculty-nursing service rapport (NSHS, 1945-1977).

Projects were listed as "new regulations concerning marriage and preparation for full accreditation." Recovery room experience and nutrition taught at the University of Nebraska were changes that had been made in the educational program during the past year. Proposed changes for the coming year were: closer integration of classwork and clinical, plans for a new nurses' residence, and Pediatrics changed from 6 weeks to 12 weeks. Cost of the 3-year program was \$400. Sixty-three students were enrolled in 1954 (NSHS, 1945-1977).

A letter to the School of Nursing from the State Board of Education and Registration dated November 15, 1954, stated that:

- consideration be should be given to block rotation in all areas rather than staggered rotations.
- three instructors be on clinical for a class of 16.
- less physician's lectures planned.
- the Dietitian should teach diet.
- the nurse should teach more of the pharmacology.
- OB should be a 13-week clinical experience instead of 16 weeks.
- the total curriculum hours lessened to 1,276 hours (NSHS, 1945-1977).

Another visit was made to review progress made on recommendations and was outlined in a supplemental report from the State Board of Education and Registration for Nurses on January 5, 1955.

- There is still need for a great deal of improvement in the record keeping of case experiences and days of experience with a breakdown of medical and surgical.
- Plan for Obstetrics to be taught twice a year.
- Director of the School should assume authority for directing the educational program and employment of all nursing personnel and delegate to faculty and nursing service as deemed advisable.
- There is a faculty sponsor for each class.
- Students are represented on committees.
- Curriculum study should be implemented by consultation service such as the service offered by the NLN. There seems to be a real need for advice and improvement in the total curriculum (NSHS, 1945-1977).

The Annual Report for the fiscal year July 1, 1954, through June 30, 1955, documented Miss Johnston as the School's Director and Mr. Edwards as Hospital Administrator. Total beds were 150 with 92 average daily patients. Affiliates remained the same. The Advisory Committee remained the same, except an alumnae of the School was added. A Student Welfare Committee was added to the School committees. The following philosophy was adopted by the School:

The philosophy of Bryan Memorial Hospital School of Nursing is based on the concept that the individual is the unit of all human relations. It is our belief that this concept should be interwoven into all phases of education of the professional nurse. We believe that this is basic to human understanding and cooperation, and to the development of the truly professional nurse (NSHS, 1945-1977).

The following changes in the program were made in 1955: the hours in Social Science were increased, doctor's lectures were reduced, and the admission orientation was improved.

Plans for the future included more faculty, more secretarial help, and segregation of med-surg patients. Changes made in clinical facilities were the elimination of split shifts, straight shifts for students, closer supervision on clinical by concentration of students on two wards, and a complete breakdown of the med-surg experience (NSHS, 1945-1977).



A permanent display of student uniforms is located at the School in a case donated by Shirley Jones Wolfarth, Class of 1954, as a memorial to her mother. Note the navy, wool cape with red lining worn for many years by Bryan students.

There were a total of 45 students enrolled in the school in 1955. The total cost of the program was \$167 for Wesleyan and \$185 for Bryan.

Income:	Student Tuition	\$ 4,425.00
	Student Nursing Service	49,623.22
		\$54,048.22
Expense:	Salaries	\$34,657.21
	Expenses	37,169.06
		\$71,826.27
Total Deficit		(\$17,778.05)
(NSHS, 1945-1977)		

The following facts about the faculty were outlined in the 1956 Annual Report:

- no educational requirements other than RN from an accredited school
- encouraged to make professional contributions in research
- faculty must maintain membership in ANA and NLN
- total teaching load less than eighteen hours/week
- 25 percent reduction given to hospital bills in addition to Blue Cross coverage
- faculty may carry up to six semester hours each semester or extension courses from NWU or UNL
- reasonable periods of leave are permitted for advanced education, travel, research, and professional activities (NSHS, 1945-1977).

The following regulations on marriage were given in the 1956 Annual Report:

After completion of one year, permission for marriage will be granted if there is evidence that the student is capable of assuming the additional responsibility. If this permission is desired, request should be made in writing to the DON. Faculty decision will be made on the basis of scholastic performance. Arrangement for time off will be made with the Educational Director. Written parental consent will be required. Secret marriages will not be condoned. Neither will any special consideration be given married students in the arrangement of hours (NSHS, 1945-1977).

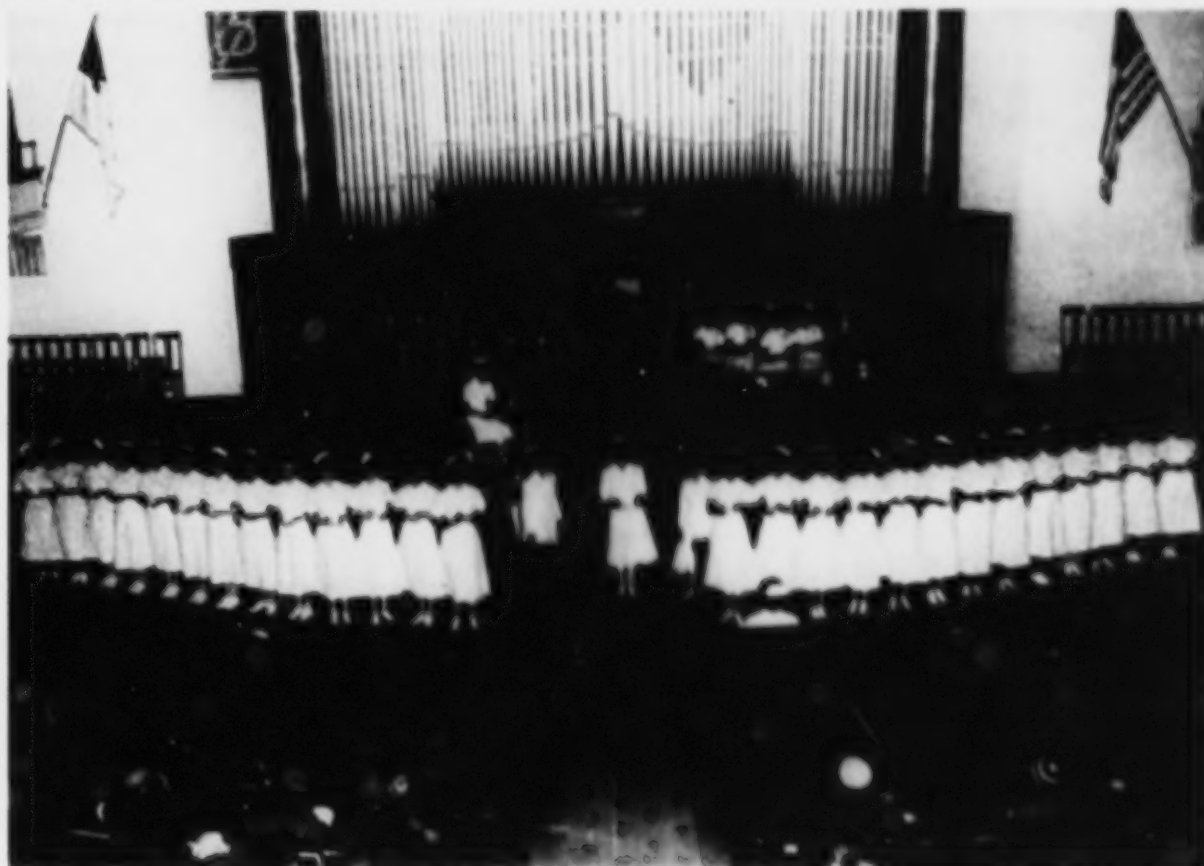
The Faculty Organization consisted of the Director of Nursing, Educational Director, Director of Nursing Service, evening and night supervisors, full-time instructors, and clinical instructors. The cost for the freshman year was \$185 plus NWU tuition of \$167.75 and \$50 each year for the junior and senior years. The income and expenses for 1955-1956 were:

Income:	Tuition	\$ 7,225.00
	Student nursing service	39,963.95
		\$47,188.95
Expenses:	All salaries incl. non-nurse	\$33,992.67
	Other expenses	42,658.18
		\$76,650.85
Total Deficit		(\$29,461.90)
(NSHS, 1945-1977)		

There were 65 students enrolled December 31, 1956, all single women; fifteen students graduated, seven withdrew, and one was dismissed. The 1956 requirements for admission were: high school graduate, upper one-third or one-fourth of class, satisfactory pre-nursing test, two units of science, four units of English, two units of math, and good moral character. Students had 28 days of vacation each of the three years. "In the event of pregnancy, the student will be allowed to remain in school until the end of the fourth month" (NSHS, 1945-1977).

A Narrative Report of Bryan's educational program in September, 1956, was submitted by Miss Johnston to the State Board of Education and Registration for Nurses, much of which addressed previous recommendations. The chairman of the Advisory Group was a minister who

assisted in the recruitment of students through church organizations. Students were able to attend chapel and convocation twice each week with the regular Wesleyan students (NSHS, 1945-1977).



Capping Ceremony in 1956.

Hospitalization for students was free after the pre-clinical period and meds were free, except for insulin. Three diabetics were admitted to the School in 1956. Clinical experience records were used to document learning experiences. Thinking and planning were stressed from the beginning, and principles and their application were emphasized in clinical. Effective patient care and objective evaluation was introduced early by the instructor (NSHS, 1945-1977).

Ms. Helen Merryfield was the Director of the School in the 1957 Annual Report, and Ms. Joan Ahnert was Educational Director. There were 67 single women enrolled; 16 graduated in 1957 and 6 withdrew. The daily average patients was 55.3. The Advisory Counsel helped the School to: (1) maintain state and national accreditation; (2) inform itself regarding nursing education; (3) interpret aims of school to the public; (4) secure funds; (5) recruit; (6) obtain loan funds and scholarships; and (7) support faculty recommendations and policies.



Maypole Dance, 1950s.

Income and expenses for 1957 were:

Income:	Tuition	\$ 7,657.75
	Student nursing service	50,340.88
	X-Ray	805.00
		\$58,803.63

Expenses:	Total salaries	\$41,421.84
	Other expenses	47,551.96
		\$88,973.80

Total Deficit (\$30,170.17)

Cost per student per year \$538.75
(NSHS, 1945-1977)

The 1958 Annual Report listed Ms. Merryfield as Director of Nursing and Mr. Edwards as the Hospital Administrator. The total number of beds was 125 and the daily patient average 110. Income and expenses were:

Income:	Nebraska Conference	\$4,979.36
	Tuition	12,744.25
	Student Services	64,813.60
		\$82,537.21

Expenses:	Educational	\$ 47,826.28
	Maintenance	66,729.22
		\$114,555.50

Net Loss (\$32,018.29)

Student tuition was \$207 for the first semester and room and board was \$150; the second semester tuition was \$101 and room and board was \$120 (both included NWU tuition). There were also fees and other costs: activities, \$5; library, \$6; books, \$60; uniforms, \$40; cape, \$30; labs, \$15; and health, \$20. The total tuition and fees for three years totaled \$963 (NSHS, 1901-1983).

The Nebraska State Board of Nursing Survey Report of April 14-16, 1958, reflected 64 students enrolled in the School and 125 hospital beds. The Advisory Committee of eleven members consisted of representatives of the medical staff, Wesleyan University, the Board of Trustees, alumnae, and public health. There were affiliations for Pediatrics (Children's Hospital in Omaha) and Psychiatric (Hastings State Hospital in Ingleside). There was no separate budget for the School in 1958. The student nursing values in 1958 were: seniors, \$1.20/hour; juniors, \$1.01/hour; and freshman, \$.84/hour. The total value of student nursing services was \$50,340. The School received no public funds. The Board of Trustees provided financial resources and the educational plant, equipment, and living facilities for the students. The total cost of the program in 1958 was \$455, but beginning the fall of 1958, the cost for three years was \$963, which included tuition, fees, uniforms, caps, books, board and room, but not transportation to affiliations, Student Association fee, or personal expenses (NSHS, 1945-1977).

Student applications in 1958 were evaluated by the Admissions Committee. Students had to be in good health, of good moral character, 17 to 35 years old, graduates from an accredited high school, in the upper one-third of their class, and pass pre-entrance nursing tests. Married students were admitted, and students were permitted to marry after the first year. A faculty counselor was assigned on admission. Students were capped at the beginning of the second semester. A "C" average had to be maintained; however, the final exam could be retaken (NSHS, 1945-1977).

Clinical assignments included:

Pre-clinical	36 weeks
Central Service	2 weeks
OR & Recovery Room	10 weeks
Obstetrics	13 weeks
Diet Therapy	4 weeks
Medical-Surgical	45 weeks
Pediatrics	13 weeks
Psychology	13 weeks
Electives (OR, OB, or Med-Surg)	8 weeks

Patient assignments were made by the head nurse in cooperation with the clinical instructor. Ward classes were held in the education unit on the ground floor. The ER, Outpatient, and Health Service Departments were not utilized for student experiences. Students scrubbed for a minimum of 20 major operations and circulated for 10; they were frequently on call. Students scrubbed for 15 deliveries in OB and assisted 10 labor patients. Students wrote one patient case study and participated in demonstrations of baby care. Suggestions were given for enriching the experience: patient clinics, well baby clinics, home visits, and additional patient teaching (NSHS, 1945-1977).

The 1958 survey noted improvement in the statement of philosophy and objectives, budget planning for the School, breakdown of costs to student in the bulletin, and faculty time spent with students, not in nursing service. Recommendations included:

- provide that students' nursing services are only those included in the course of study, not employment and relief in nursing service
- consider methods of sustaining interest in nursing and scholastic achievement of students to prevent the 50 percent attrition rate of the past several classes
- improve library service to faculty and students, and provide full-time library supervision
- improve use of clinical experience records on wards
- provide adequate conference rooms
- provide additional qualified faculty
- patient assignments be made by clinical instructor
- patient-centered ward classes on each med-surg ward
- eliminate cleaning and maid work in diet therapy; emphasis should be on patient care
- provide private offices for Director and full-time instructors
- plan in-service educational programs for faculty
- more inclusive minutes of meetings
- air conditioning in classrooms and library (NSHS, 1945-1977).

In 1958, applicants were between 17 and 35; those over 35 were considered on an individual basis. Applicants had to have a minimum composite raw score of 100 and a minimum composite percentile score of 50 on the Pre-Nursing and Guidance Examination; \$10 was charged for testing. The following is an excerpt from a 1958 NWU Bulletin:

Students who earn 96 credit hours in properly selected subjects in this institution may complete the additional 29 hours required for a degree in connection with their professional training in medical technology. In the three years of preliminary work,

they must complete the requirements for a bachelor's degree from this school. The program should include English, Physical Education, General Chemistry, Quantitative Analysis, Bacteriology, General Zoology, and sufficient other subjects to complete the required number of hours and the general education requirements (Nebraska Wesleyan University, 1958).

In the Annual Report submitted in July, 1959, the School's cost to the hospital was documented at \$114,555.50 for the preceding year; cost per student was \$1,735.68. For the 1959 calendar year, Ms. Merryfield remained as DON and Mr. Edwards as Hospital Administrator. The total number of beds was 125, with a daily average of 112. The grading system was standardized in 1959. The final exam counted for two-thirds of the grade; and the remaining one-third was divided between project and daily work. Total cost of the program was \$1,078.20. Income and expenses were recorded as:

Income:	Nebraska Conference	\$ 5,082.59
	Tuition	19,176.50
	Student Services	59,476.66
		\$83,735.75

Expenses:	(Salaries \$39,082.16)	\$99,642.33
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Net Loss	(\$15,906.58)
(NSHS, 1901-1983).	

There were 69 women students enrolled in December, 1959; 67 were single and two were married. There were varied reasons for withdrawal: marriage, failure/poor grades, unable to adjust to nursing, dismissal, and "married and left the city." The attrition rate was 50 percent. In 1959, 15 students took State Board exams and all passed. Areas for study and improvement in 1959:

- limited degrees in nursing education on faculty
- low salaries for faculty
- faculty inservice programs
- low membership in NLN
- student residences crowded and inadequately furnished
- no curriculum objectives
- senior experiences not well-planned
- improve lighting in library
- only one student conference room
- classroom facilities limited (NSHS, 1901-1983)

There were 61 students in the School during the State Board Survey Report April 5-7, 1960. There were six full-time faculty members; one had a master's degree and four held baccalaureate degrees. The School was associated with Wesleyan University for the "purchase" of courses in biological, physical, and social sciences for first-year students. The philosophy and objectives were under study for revision. The 1959 budget projected a net deficit of \$15,906. The total student cost for three years was listed as \$953 in the 1960-61 School Bulletin. Student fees included: activities, \$5; library, \$6; and health fees \$20 first year, \$10 second year,

and \$5 third year. Students were required to carry their own hospital insurance (NSHS, 1945-1977).

Mrs. Margaret Pavelka was the School's Director at the time of the Annual Report for 1960. There were 125 hospital beds with a daily average of 113.6. The School was accredited by the State Board of Nursing in April. The Advisory Council "commended the policy on accepting men students and agreed to aid in passing this on to other organizations." The total cost of the program was \$963. Seniors had four weeks of experience as team leaders and two weeks in ER at the time of the survey in 1960. Students had two days off duty each week and one day with no classes. The hospital had no Director of Nursing for two months in 1960. There were 38 full-time and 18 part-time RNs, 3 LPNs, and 47 Nurse Aids in the Hospital. An in-service education program had been established for nursing service. Scores on State Board exams were higher in 1960 than the previous year, but below the Nebraska mean. There were no failures (NSHS, 1945-1977).

There were 73 students enrolled in December, 1960; 72 were single women and one was married. There were 34 new admissions, 5 dismissals, 5 withdrawals, and 21 students graduated. Twenty-one students took State Board exams and one student failed the psych portion (NSHS, 1901-1983).

The 1961 State Board Survey documented 71 students. There were nine full-time nurse faculty members, a full-time dietitian, a part-time librarian, and a part-time Student Health Nurse. The following were admission requirements in 1961: (1) upper one-third of high school class, (2) at least 17 years old, (3) good physical and mental health, (4) desirable personal qualifications, and (5) a \$25 application fee. Both men and women could be admitted; married applicants were considered on an individual basis. NLN pre-entrance tests were required (NSHS, 1945-1977).

The School had six standing committees in 1961: Curriculum and Library; Admissions, Promotions, and Graduation; Guidance; Rules and Regulations; Personnel; and Health. The Curriculum Committee, which met twice monthly, was composed of the Director, Educational Director, and all full-time instructors. Recommendations given for 1961:

- develop an organizational chart showing existing relationships
- DON and faculty participate in planning budget
- develop plans and programs for faculty in-service
- committee recommendations referred to faculty for final decision
- full-time librarian
- develop objectives and plans for guidance program
- more frequent meetings of Curriculum Committee
- combine many small units into Med-Surg Course
- OR experience to be less than 13 weeks
- eliminate night call on OR and OB
- improve faculty and committee minutes
- study the estimated value of student services
- develop plan for periodic evaluation of educational program (NSHS, 1945-1977)

There was a master rotation plan for the junior and senior classes for clinical nursing assignments in 1961. The clinical instructors made patient assignments. Supervision of students on clinical was the responsibility of the clinical instructors on days and supervisors and charge nurses on evenings. The clinical instructors rotated to 7 p.m. and week-ends for student supervision. Students had four weeks of diet therapy under a full-time teaching dietitian. The

OR experience was reduced to nine weeks (two weeks in the Recovery Room), and students continued to be on night call for OR. The ER experience was increased to three weeks and included the Poison Control Center. In OB, students were assigned one week of evening duty and were on night call for delivery scrubs. Students gave instruction and demonstration of baby care to mothers, observed pre-natal classes, and made an observation visit to the mother and baby in the home. Students went to Children's Hospital in Omaha for the Nursing of Children rotation and to Hastings State Hospital for Psych (NSHS, 1945-1977).

The number of hospital employees continued to increase in 1962: 13 supervisors and head nurses, 47 full-time RNs, 17 part-time RNs, 2 full-time LPNs, 2 part-time LPNs, 40 full-time nurse aids, and 8 part-time nurse aids. Recommendations in the 1962 report were to:

- clarify the organizational chart.
- participation of Director and faculty in planning school budget.
- further faculty development in nursing education through educational courses, workshops, and institutes.
- plan for adequate student experience in OR and OB with night call.
- consider integration and correlation of dietary instruction and experience on clinical (NSHS, 1945-1977).

Each student was allowed 15 demerits in the dormitory for each six-month period. If the number of demerits exceeded that number, the student was restricted for a week to the dormitory and was also censured by the Student Council for each additional demerit (Bryan Memorial Hospital School of Nursing, 1961).

A report of a revisit of the State Board September 17-22, 1962, reflected a student population of 103 with three male students. Hours of instruction totaled 1,498. There were nine full-time nurse faculty; five had B.S. degrees in Natural Science from Wesleyan. There were seven standing committees at the School including the committee that handled admissions, promotions, graduation, recruitment, and public relations. The school was supported through hospital funds, student services, student fees, and the Methodist Church Conference in Nebraska. The 1962 financial statement showed Income of \$110,762, Expenses of \$152,885, and Hospital Funds totaling \$42,122. Of those withdrawing from the nursing program from 1956 to 1961, 43 percent withdrew because of dislike for nursing, 25 percent due to failure, and 16 percent got married; others withdrew for health, personal reasons, personality unsuited, and two students transferred (NSHS, 1945-1977).

At the time of the State Board survey April 3-4, 1963, there were 89 students enrolled; nine full-time and two part-time faculty (two master's and eight baccalaureate degrees). The cost of the three-year program was: Seniors, \$963; Juniors, \$1,158; and Freshmen, \$1,450. The estimated value of student services was: Seniors, \$1.35/hour; Juniors, \$1.00/hour; and Freshmen, \$.25/hour. Students were employed by the hospital in 1963. Freshmen earned \$.90/hour, Juniors \$.95/hour, and Seniors \$1.00/hour. Students worked about 12 hours a week. Board and room was \$50/month for the first six months. The desired and maximum enrollment based on facilities and number of qualified faculty was 145 in 1963. The new School of Nursing building was completed with residence rooms for 110 and an educational unit, all air conditioned. Part of the old residence was made available for men students. Recommendations for 1963 were:

- Revise organizational charts
- Provide sufficient number of qualified instructors and minimize turnover

- Encourage further preparation of faculty in nursing education
- Develop inservice educational program for faculty
- Reduce the number of courses taught by physicians (NSHS, 1945-1977)

There were 257 hospital beds and 40 bassinets listed in the 1965 Annual Report. The 1964-1965 School Bulletin gave the total cost for three years of training as \$2,350. There were 149 single women, one single man, and 13 married students in the school at that time. Pre-clinical vacations were the first two weeks of June and the last two weeks of August. It was recommended that high school courses include: English, 40 semester hours; Social Studies, 40; Science, 20 (one physiological and one biological); Math, 20; and PE, 5. The school's budget reflected the following: Income, \$222,903.64; Expense, \$305,054.17; Net Loss \$82,150.53. In 1965, Anatomy and Physiology were taught by TV four mornings a week originating in Minneapolis with follow-up sessions and laboratory periods at Wesleyan. Several changes were made in the school's educational program:

- Anatomy and Physiology were taught by TV.
- Chronic Diseases, including Geriatrics, was developed.
- Team conferences were held on all nursing service units.
- The ER assignment was reduced to two weeks.
- Health and Counseling programs were revised.
- More emphasis was placed on anecdotal notes.
- Pre and post-conferences were held at least two days per week.
- Format was changed to include expected behavioral outcomes (NSHS, 1945-1977).

Disaster Nursing and First Aid were among the required courses in 1965. Wesleyan hours were \$20 per credit hour. There were 172 applications received of which 52 were rejected. The 1965 student health program stated that:

- Each student is required to record his/her weight each month as instructed.
- In case of illness, the school doctor will be called.
- Any student who is too ill to report for classes or meals, and appears on duty is admitted to the hospital.
- Only 24 hours of hospitalization will be allowed for oral surgery.
Any dental, medical, surgical, or hospitalization expenses incurred due to illness or complication of pregnancy will be assumed by the student.
- Restrictions will be placed on the amount of outside work if it is felt that the type of employment or number of hours of work is detrimental to the health and/or general welfare of the student (NSHS, 1945-1977).

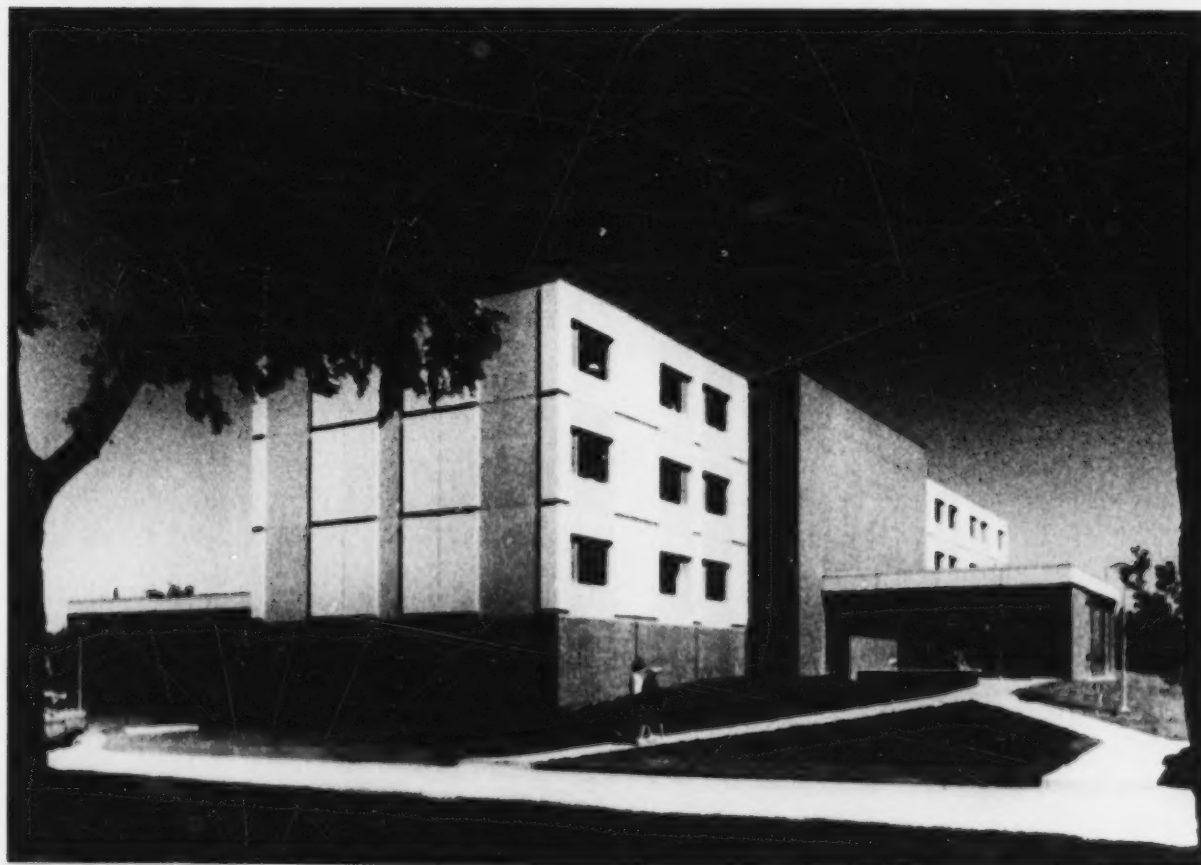
Bryan's NLN Accreditation

On November 19, 1951, Bryan School of Nursing was approved for temporary accreditation. The School was listed among the accredited schools in the February, 1953, Nursing Outlook and identified as a school with an arrangement with a college or university, whereby nursing credit could be applied toward a baccalaureate degree (Nebraska League for Nursing, 1949-1990).

On March 31, 1956, Miss Mabel Johnston forwarded application forms and the \$50 fee to the NLN for accreditation of the School of Nursing. Mrs. Mildred E. Schwier, Director of the

Department of Diploma and Associate Degree Programs at the NLN, notified Miss Johnston by letter on July 13, 1956, that the NLN survey was scheduled for the week of October 8. The cost of the survey was \$600. On December 17, 1956, Mrs. Schwier notified Miss Johnston and Mr. Edwards that the Board of Review for Diploma and Associate Degree Programs of the Accrediting Service of the NLN had approved Bryan's program for full accreditation. The letter stated that the next survey and accreditation would be in 1962 (Nebraska League for Nursing, 1949-1990).

After submitting a report of progress to the NLN on December 30, 1959, Miss Helen Merryfield was notified by the NLN that the School had been placed on warning. Accreditation would continue with the warning, but approval would not extend beyond December 31, 1962. Concern was expressed about the curriculum and problem areas included: curriculum objectives were not identified in behavioral terms, hours the first year were increased, and five science courses were taught in the first 22 weeks. The school was revisited in May, 1961, and accredited by a letter from the NLN to Mr. Edwards dated January 4, 1963 (Nebraska League for Nursing, 1949-1990).

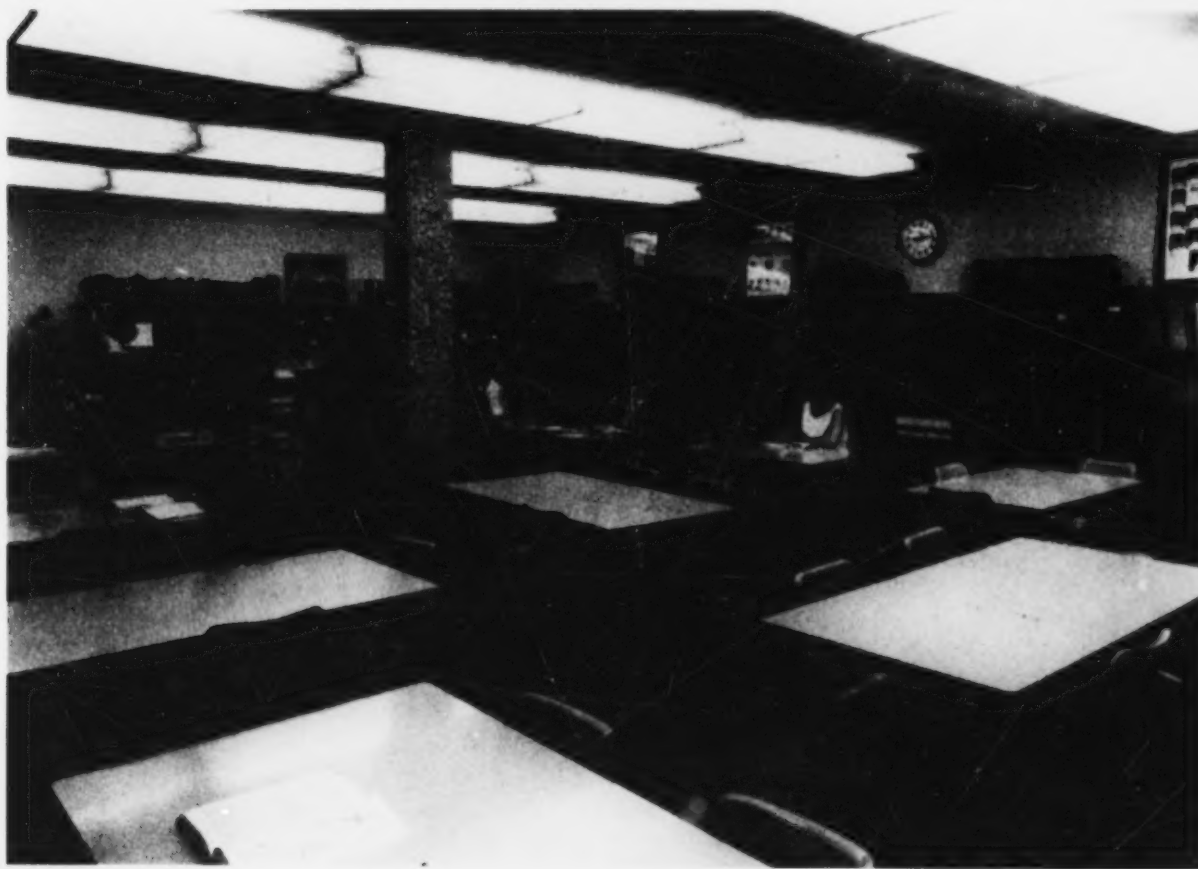


The new Bryan School of Nursing, 1961.

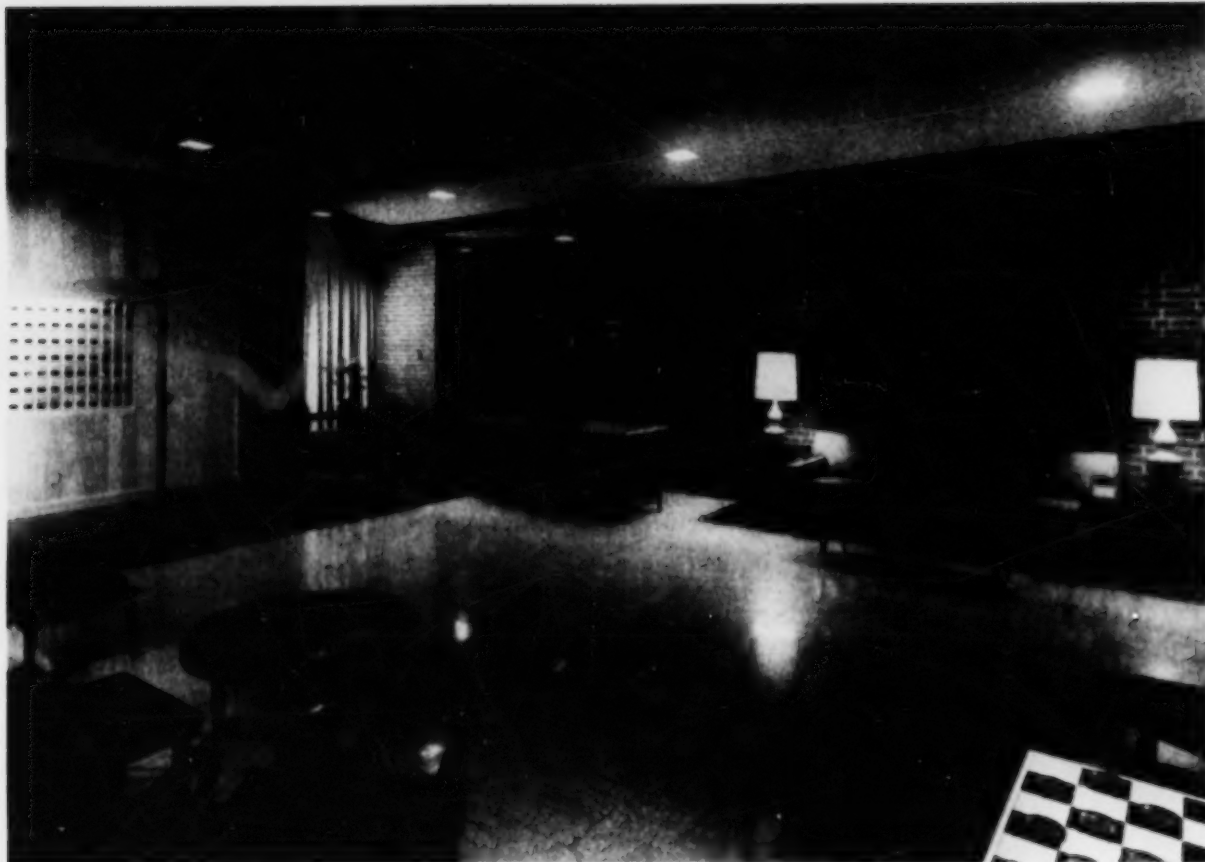
A New School

In 1958, a new \$700,000 School of Nursing was proposed which would not only permit the training of more nurses, but would relieve space occupied by students and attract needed personnel. The old brick dormitory east of the hospital occupied by student nurses would be available for the housing of dietary personnel and nurses aides who wanted to live on the grounds. (After the new school was completed, the old dormitory became a mental health clinic.) The old William Jennings Bryan home, used by nursing students, would house a day nursery for employees' children, a proposed Bryan museum, and quarters for graduate nurses (Bryan Memorial Hospital, 1987).

A more complete new School of Nursing building (approximately 38,000 square feet) was seen as the answer to Bryan's current problem of turning away prospective students for lack of space (Hospital Plans \$2,375,000 Expansion, 1959). A flyer distributed for the purpose of soliciting funds noted that the new school had been designed to afford the maximum nursing education facilities. "It will accommodate 130 students and will assist the school in retaining its accredited standing. Every \$1.00 contributed will bring \$5.60 in Hospital improvements. Lincoln and southeast Nebraska cannot afford to pass up this rare opportunity to pave the way for medical progress. For the sake of YOUR health, please give generously when a solicitor calls on you" (Bryan Memorial Hospital, March, 1959).



Library in new School of Nursing.



Reception area in the School of Nursing, 1960s.

A Lincoln Journal article printed in August, 1960, stated that the new school could provide quarters for "116 student nurses, compared to the present 60. The total new enrollment could go as high as 140 since about half of the junior and senior classes spend part of their year at Hastings State Hospital for psychiatric training and at Children's Memorial Hospital in Omaha for pediatrics work" (Bryan Hospital Board Opening Bids, 1960).

The new \$700,000 School of Nursing was completed and occupied on September 2, 1961.

The 37,000 square feet in the new building are used for a large library, two large classrooms, a nursing arts laboratory, seven offices, a multi-purpose room, reception room, recreation room, formal living room, housemothers' suite, guest room, on-call room, lounge rooms on each floor, washing and drying facilities on each floor, spacious bathrooms, and 58 bedrooms for students. The building is completely air conditioned and is equipped with many electronic devices (Bryan Memorial Hospital School of Nursing, 1967).

The School of Nursing had a dedication service on Sunday, November 26, 1961, in the new building. Mr. E.J. Faulkner, President of the Board of Trustees, presided over the ceremony. Public open house was from 2:30 to 5:30 (Bryan Puts New Nursing School on Display, 1961).

Reflections

Marilyn Davis, Class of 1951, thought the training at Bryan was adequate for that time; however, today it is more specialized and sophisticated. She felt the respect and relationship with physicians was better then than today. She remembered dorm life as "fun", and entertainment consisted of card playing, reading, knitting, and playing ping pong. Quality of care was instrumental in shaping the school's professionalism (Davis, 1991).

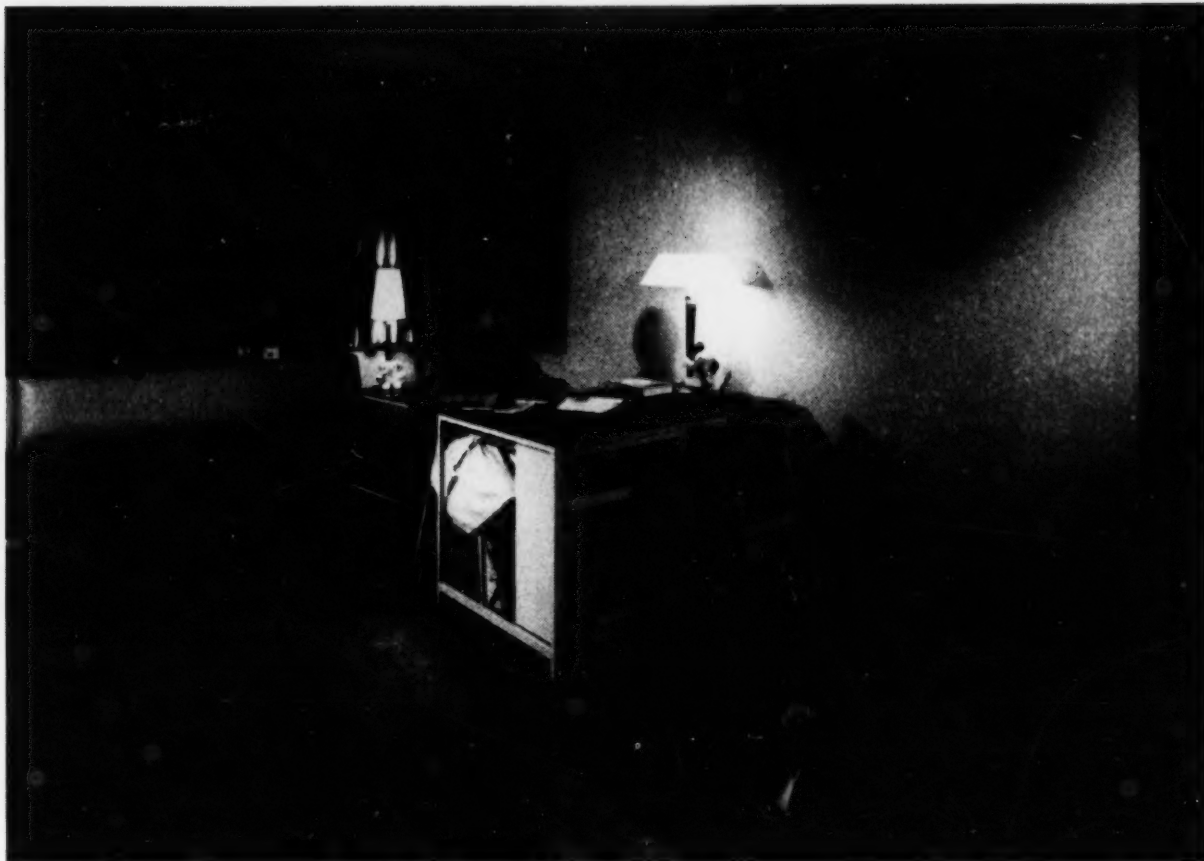
Janet Smith Roubicek, Class of 1952, said they had to listen more to the patient, because there were not all of the electronic devices and sophisticated technology that are available today and this resulted in more personal nursing. The nurses were second class to the doctors, although some were very kind and helpful. She remembered the good times in the dorm even though it was crowded and thought students of today miss a lot by not living in a dorm (Roubicek, 1991).

JoAnn Thompson Boyd, Class of 1954, felt she was well-trained and considered her training at Bryan "superior!" They had lots of practical experience to draw on. The students in her class spent seven hours in the hospital, a split shift, often with three hours in class. She saw the image of nursing more professional today (Boyd, 1991).

Nancy J. Peters Spahn, Class of 1956, felt it was especially advantageous to have the clinical experience in a familiar place with staff and doctors that they knew. They were prepared to work on the floor when they graduated, but she felt they lacked in-depth classroom instruction, the total patient care concept, and too few clinical instructors. She remembered her three-month senior experience at Children's Hospital in Omaha. They worked from 11:00 p.m. to 7:00 a.m., then slept in a room on the top floor of the hospital until classmates would wake them up for a 10:00 a.m. class. "Exhausting, even for young girls!" Students could stay out until midnight either Friday or Saturday, until 11:00 p.m. on Sunday, and in by 10:00 p.m. other nights. They were required to sign in and out in "the book" located in the front entry right outside the housemother's (Mother Stein) room. They were allowed two overnight passes per month and could stay out until 1:00 a.m. on Friday or Saturday night (unless scheduled to work the next day) by giving up an overnight pass; no late night or overnight passes if too many demerits had been accumulated. Demerits were given for unmade beds, messy rooms, coming in late, not putting fresh linen on your bed in the correct way, etc. There was always the fear of being suspended or even kicked out of school (Spahn, 1991).

Elva Davidson Janak, Class of 1956, thought students in her class were confident in their medical knowledge as well as knowing how to dress and conduct themselves professionally. The students were taught to feel inferior to physicians and respect them. "You questioned orders very cautiously!" She remembers dorm life as one big, happy family. They had to be fully dressed to be in the living room. She viewed patient care as high-tech today and less personal; therefore, the image of nursing has declined (Janak, 1991).

Margaret Conkling Eickmeier, Class of 1960, remembered the curfews imposed on the students in the dorm. All of her classmates were offered jobs at Bryan if they wanted them. She cited strong nursing instructors who did not put up with anything as instrumental in shaping the school's professionalism. "We were less worldly than today, so did not question nor rebel at what we were told to do" (Eickmeier, 1991).



Typical dormitory room in the 1960s.

Diana Craig Christensen, Class of 1962, lived in all three dorms:

The Bryan home was beautiful, homey, and pleasant with a live-in dorm mother to keep an eye on us; lots of wonderful memories there! The "cracker box" dorm was crowded with three girls in a room big enough for two, but we managed. Our last year, we moved into the new, modern dorm, but I actually liked the other two better; not as sterile. Dorms in Omaha and Hastings were old, but adequate. Bryan's dorms had fairly strict rules, but I was raised with rules at home, so it was not much of an adjustment for me.

Her sister also attended Bryan in the class behind her and was the first student to get married while in training. She remembered the stiffly starched cotton uniforms laundered in the hospital laundry. There were blue stripes on the sleeves, one for each year. In 1962, the RN pin was

a gift from the Bryan Medical staff (as it is today). Ms. Christensen recalled her first day at Bryan:

I was so excited and uptight about nurses' training that on my first day at school I ended up in the emergency room with stomach pains and cramps! They began about 30 miles from Bryan. My parents drove me in their car, and I was so sick I had to lie down in the back seat. A physician with beautiful blue eyes examined me, diagnosed "nerves", and sent me to lie down in the dorm. My "big sis" (a junior student) came to the room and visited with me. I was fine in just a few minutes. That was the one and only attack of nerves I've ever experienced! By the way, I still correspond with my "big sis" thirty years later (Christensen, 1991)!

Carmen Sandell, Class of 1962, was among the last group of students to stay at Fairview. She lived there as a freshman in 1959-60. "It was very pretty and we were proud of it." She lived with three other girls in the "black room," the dining room in the basement that had black woodwork and black walls. She remembers the curfew and the housemother checking everyone in. Sandell remembers hiding from her! She would sneak down one of Fairview's two staircases while the housemother went up; then she would go back up when the housemother came down! She recalled students putting up a "gorgeous" Christmas tree in front of the big window at the south end of the large room on the main floor (Bryan Home To Be Restored, 1993).

Summary

The Korean and Vietnam Wars during this period required nursing personnel in hospital evacuation sites, behind battle lines, on ships and aircraft carrying casualties back to the States, and also in Veteran's Hospital providing care to the mentally and physically disabled. This period was the beginning of contemporary nursing.

Nursing shortages continued to prevail during the 1950s and early 1960s. Low pay and poor working conditions diverted young people from choosing nursing as a career. The influx of auxiliary hospital workers took nurses further away from the bedside as management and coordinating responsibilities were assumed. As a result of new standards in nursing education, students spent less time in direct patient care. Both of these changes drastically altered the role of the professional and student nurse.

This was an important period for Bryan Hospital and School of Nursing. The Hospital gained more beds, while the School of Nursing gained a new building that would house students and provide the latest in teaching facilities. The Korean and Vietnam Wars, along with the baccalaureate degree for entry level practice, kept nursing on its toes.

CHAPTER SIX

Bryan - A Community Landmark 1966 - 1980

The years from the mid-1960s to the early 1970s were dominated by domestic and foreign conflicts brought about by the Vietnam War and were also years of controversy for the nursing profession. The issue of medical care for the aged saw the American Nurses' Association clash with the American Medical Association, while the American Nurses' Association's position paper on education for nursing brought to a crisis the deep-seated dispute over the future role of traditional hospital diploma programs. Although Congress accelerated its efforts to increase the supply of nurses, shortages continued as the enlarged area of health care created thousands of new nursing jobs (Kalisch & Kalisch, 1986).

As the 1970s approached, health was the third largest industry in the U.S. Along with a rise in the demand for medical services and a steady increase in the costs of those services, the number of workers employed in health services had grown at a rapid pace. As the 1970s began, about 4.3 million persons were working in hospitals, convalescent institutions, physicians' and dentists' offices, or in other health-care facilities. By 1979, the number had grown to more than 6.7 million, an increase of 55 percent. During the same period, the total work force grew by only 23 percent. Median earnings of wage and salary workers in health services were below the all-industry average throughout the decade. For full-time hospital employees (including staff nurses), median weekly earnings were 86 percent of the national average in 1979, up from 82 percent in 1970. In other segments of the health-services industry, average wage and salary earnings remained at about three-quarters of the all-industry average (Kalisch & Kalisch, 1986).

Nursing Nationally

Many notable events took place in nursing in the late 1960s and 1970s. Computers prepared lab requisitions; scheduled diagnostic tests; processed doctors' orders, medication orders, and schedules; notified dietary of patient diets; and updated patient charts. In 1967, 77 percent of the nurses in this country were prepared in hospital schools of nursing (Sleeper, 1967). The American Nurses' Association House of Delegates rescinded its 18-year "no-strike" policy (Fagin, 1990), and by 1968, the median annual income for nurses was \$6,750 (RN at 50: Half a Century of Service, 1987). The American Association of Colleges of Nursing was formed in 1969 (Sorensen & Luckmann, 1986). The introduction of the unit dose in 1970 further simplified the nurse's life (RN at 50: Half a Century of Service, 1987).

In 1970, An Abstract for Action, the final report of the National Commission for the Study of Nursing and Nursing Education, recommended that practice be reestablished as nursing's first professional priority, research on the impact of nursing practice be intensified, and the nurse's responsibilities be expanded. The League also endorsed an "open curriculum" in nursing education that year, recognizing the different purposes of the various types of programs. Grants were given for community mental health centers, alcoholism, addictions, and children's mental health. The Occupational Safety and Health Act (OSHA) provided a federal program of standard-setting and enforcement to assure safe and healthful conditions in the workplace (Fagin, 1990). The New York Regents External Degree Program was launched providing a way for

nurses to obtain a college education without classroom attendance and instruction (Sorensen & Luckmann, 1986).

In 1971, the Department of Health, Education, and Welfare issued a report, Extending the Scope of (Nurses') Practice, which endorsed the extension of nursing roles and responsibilities. The National Joint Practice Commission on Nursing and Medicine was established in 1972 to improve collaboration between nursing and medicine, but dissolved in 1980 at the American Medical Association's request. In 1972 after 70 years in New York, the American Nurses' Association moved its headquarters to Kansas City, Missouri. The New York State Nurses' Association obtained passage of a Nurse Practice Act in 1972 that distinguished between nursing practice and medical practice and acknowledged nursing as an autonomous profession (Fagin, 1990).

The first national conference on the classification of nursing diagnoses was held in St. Louis, Missouri, in 1973. In 1974, Congress granted nurses in nonprofit hospitals the right to organize and engage in collective bargaining under the provisions of the National Labor Relations Act. The American Nurses' Association also set up its political arm known as N-CAP (Nurses Coalition for Action in Politics) to obtain support for nursing from government officials and the general public and to solicit funds for political candidates and carry out political education of nurses (Fagin, 1990).

In 1974, President Nixon signed amendments to the Taft-Hartley Act that opened the way to collective bargaining for nurses in nonprofit hospitals. The New York State Nurses' Association proposed that by January 1, 1985, the baccalaureate degree be adopted as the minimum educational preparation for a professional nurse (known as "The Eighty-five Amendment") and the associate degree be the minimal educational requirement for a practical nurse (Sorensen & Luckmann, 1986).

The American Nurses' Association appointed its first National accreditation board in 1976 to approve continuing-education programs (Fagin, 1990). By 1977, starting salaries for hospital staff nurses were \$10,400. Nurses who had been on the job for years were making no more than \$13,200. The National Council of State Boards of Nursing was established in 1978 following the dissolution of the American Nurses' Association's Council of State Boards of Nursing (Fagin, 1990). In 1978, the American Nurses' Association reaffirmed its 1965 position when it passed its "Entry Into Practice Resolution," which called for two levels of nursing practice (Sorensen & Luckmann, 1986). In 1979, the first generic doctoral program in nursing developed at Case Western Reserve University, Cleveland, Ohio (Woodfill & Beyer, 1991). In 1980, the Health Care Financing Administration was established in the U.S. Department of Health and Human Services and given jurisdiction over Medicare, Medicaid, and professional standards reviews. Also in 1980, the ANA released Nursing: A Social Policy Statement, which defined nursing as "the diagnosis and treatment of human responses to actual or potential health problems" (Fagin, 1990).

Nursing Education

Two hundred diploma schools closed between 1955 and 1967. Diploma schools accounted for only two percent of the total nursing schools by 1987 (RN at 50: Half a Century of Service, 1987).

The Nursing Educational Opportunities Grants had been authorized by amendment in 1966 and initiated in the summer of 1967. During the two years of the program, grants were awarded to an estimated 15,900 students who could not have otherwise attended a school of nursing.

The individual grants ranged from \$200 to \$800; the average grant was \$530. The awards totaled \$8.4 million (Kalisch & Kalisch, 1986).

The Health Manpower Act of 1968, Title II, had established a new program of scholarship grants to schools of nursing for full-time students of exceptional need. It provided greater support for the student than the nursing educational opportunity grants and allowed the school greater flexibility in helping meet the student's need. The maximum annual amount of scholarship support a student could receive was \$1,500. No matching funds were required. Because the allocation formula was based on enrollment, legislation provided no specific authorization of funds. In 1971, 64 percent of the students awarded scholarships came from families whose gross annual income was less than \$10,000. The availability of scholarships was a critical factor in recruitment and retention of students. The Nurse Training Act of 1971 extended the authority for scholarships, increased the maximum student scholarship per year to \$2,000, and revised the formula for scholarship grants to schools (Kalisch & Kalisch, 1986).

More than 5,400 borrowers were taking advantage of the loan cancellation provision in 1970 through full-time employment as RNs. Despite the benefits of this program, educational costs in all types of nursing education programs were increasing beyond the ability of students to meet them from their own or their family's resources. The availability of this financial assistance was essential in making it possible for more individuals to enter and remain in schools of nursing (Kalisch & Kalisch, 1986).

Nebraska Nursing

In 1966, the major topic among nurses was the American Nurses' Association's Position Paper for Nurse Practitioners and Assistants to Nurses. The Nebraska Nurses' Association House of Delegates adopted a resolution that they should assume the leadership in establishing a planning group to study nursing education in the state. The Nebraska Nurses' Association Board approved the Council on Practice's Proposed Joint Policy Statements on the Administration of Immunizations and Closed Chest Cardiac Resuscitation in 1967. They also approved the Employment Policy Committee's recommendations that a minimum salary for the beginning staff nurse be \$6,600 per year by July 1, 1968. Through the efforts of the professional organization, nursing was represented on the State Board of Health for the first time. Sister Paschala of St. Catherine's Hospital, McCook, Nebraska, was the first woman and nurse appointed to the Board. The Nebraska Nursing Careers Foundation was formed to finance a recruitment program for all schools of nursing (Trott, Cording, Hedman, Kreiger, & Nelson, 1981).

Nebraska was in the top ten states in national licensing exams in 1966. There was a nursing shortage in the State at that time; 12,487 RNs were licensed in Nebraska. In 1967, Nebraska ranked in the top five states in national licensing exams. The number of licensed RNs had risen slightly to 12,868, and there continued to be a need for nurses (NSHS, 1901-1983).

The Annual Report dated December 31, 1968, stated there were 13,364 RNs in Nebraska and spoke of a need for more nurses. Nebraska was again ranked among the top five states in national exams. The 1969 Annual Report to the Governor documented that Nebraska ranked first in the fifty states on national licensing exams from June, 1968, to May, 1969 (NSHS, 1901-1983).

In 1969, a Long Range Plan for Nursing Education was developed and the base salary for diploma and associate degree graduates was set at \$7,500. As base salaries were raised, additional pay was given to those already in positions. In an effort to encourage work toward degrees, it was recommended that nurses receive additional compensation for completing college credit courses in nursing. Two associate degree programs were opened in 1970; the College of

St. Mary and the University of Nebraska. Refresher courses that were instituted in 1967 were completed by 327 nurses in an effort to return as many nurses as possible to active service (Trott, et al., 1981).

Nebraska again ranked first in the 50 states on national licensing exams from June, 1969, through May, 1970. There were 14,226 licensed RNs in Nebraska in 1970 (NSHS, 1901-1983).

The following article was published in the Omaha World Herald on October 4, 1970:

Four hundred thirty-two applicants took State Board exams, and it is expected that a "dozen or so" will fail. Twenty-five indicated they expected to enter nursing careers as commissioned officers in military branches. A minimum passing score is 350 out of a possible 800 points. An applicant who fails one or more categories may retake the test in the category or categories at a following regular Board examination (Nursing is Put to the Test, 1970).

In 1971, there were five licensing examinations held for eight days during the year. Graduates of Nebraska schools of nursing writing the State Board exams placed Nebraska in the top ten states nationally on the professional nurse licensing exam for the past seventeen years. There were 14,709 licensed RNs in Nebraska in 1971 (NSHS, 1901-1983).

In 1972, the Nebraska Nurses' Association House of Delegates passed a resolution that continuing education should be a requisite for relicensure and voted to rescind the no-strike policy. In 1974, the Nebraska Nurses' Association's Commission on Nursing Education, in an effort to encourage nurses to develop a commitment to continual learning and increased competence, developed the voluntary Continuing Education Approval Recognition Program (Trott, et al., 1981). Only 13 states in the nation had continuing education requirements in 1987 (RN at 50: Half a Century of Service, 1987).

There were 15,332 licensed RNs in Nebraska in 1972, 15,968 in 1973, 17,616 in 1974, and 17,284 in 1975. There were 14 schools of nursing in Nebraska in 1972 and 1973. In 1974 and 1975, only the following diploma schools remained:

School	Students	
	1974	1975
Bryan Memorial Hospital	80	75
Clarkson Hospital	69	52
Immanuel Hospital	38	31
Lincoln General Hospital	74	60
Mary Lanning	33	36
Methodist Hospital	113	97
St. Francis Hospital	28	27
St. Joseph Hospital	43	--
Western Nebraska	31	26
Total Students	509	405

The Annual Report of the State Board of Nursing to the Governor of Nebraska, December 31, 1973, noted that Nebraska ranked first in the 50 states in the national licensing exams from

June, 1971, through May, 1973 and was in the top two states in Practical Nurse Licensing exams (NSHS, 1966-1971).

The Annual Report of the State Board of Nursing to the Governor of Nebraska, December 31, 1974, reported 14 schools of nursing (four baccalaureate, two associate degree, eight hospital diploma) and nine schools of practical nursing. Hospital-sponsored schools of nursing had decreased in Nebraska, but student interest in these three-year diploma programs had increased (Hospital Nursing Schools Decrease, 1974). Nebraska continued to rank high in national licensure exams. After 793 graduates took the 1974 State Board exams, Nebraska ranked first in medical and obstetrical nursing and second in surgical and children's nursing (State's Graduating Nurses Saluted, 1974).

By 1975, there were 16,189 RNs holding current Nebraska licenses, with 10,592 residing in Nebraska; 7,203 were employed. Nebraska had two associate degree programs, four baccalaureate, six diploma, one graduate, and eight practical nurse programs (Trott, et al., 1981). Major revisions to the Nurse Practice Act were passed by the Legislature in 1975. They included: a new definition of nursing allowing nurses to practice in expanding roles; mandatory licensure for practical nurses; increased members on the State Board, including a non-voting consumer (a first for any professional regulatory board in Nebraska); and a provision for the development of rules and regulations for nurses who had been inactive in nursing for more than five years effective January 1, 1980. The recommended base salary for an associate degree graduate was \$9,500 and \$10,000 for a diploma graduate by January 1, 1976 (Trott, et al., 1981).

On December 31, 1975, there were 22,625 RNs and LPNs with Nebraska licenses. The following facts were presented to the 1202 Commission in July, 1976, in an address entitled "Nursing Education in Nebraska":

- Hospitals comprise the largest U.S. industry.
- Sixty percent of the total hospital budget is payroll.
- One-fifth to one-fourth of the hospital payroll is for nursing salaries.
- Thirty to forty percent of employed nurses work outside the institutional setting.

Graduates of Nebraska nursing programs are highly recruited and respected across the country. Perhaps it could truthfully be said, "Nebraska nurses are also No. 1." The nationally standardized licensing examination is given in the U.S. for RN testing in five subject areas. During 1975, the average score of Nebraska graduates as compared to the 52 other jurisdictions using the test was highest in two subjects and fifth highest in one subject (NSHS, 1911-1976).

The Annual Report of the State Board of Nursing to the Governor of Nebraska for the year ending December 31, 1976, reported 11 schools of nursing in the State (three baccalaureate, two associate degree, six hospital diploma schools) and nine schools of practical nursing. Licensure was the principal topic in the report:

Hospital and nursing service administrators need to determine qualifications of nursing personnel. Much still needs to be done in publicizing this. This awakening is an increased protection to the public since alertness of employers will discourage individuals from posing as licensed nurses if they are impostors or if for some reason disciplinary action has been necessary against an individual's license. Twice yearly, hospitals, nursing homes, and other agencies are requested to submit lists of their nurses so that current licensure may be verified.

There is a continuing need for more nurses in some areas of the state, but the shortage seems less acute in the past year, except in some rural areas (NSHS, 1901-1983).

Nebraska ranked first in the average overall scoring in the July, 1977, RN licensing examination. Nebraska ranked first in the medical, surgical, and pediatric nursing sections of the test; second in obstetrical; and fourth in psychiatric nursing. Ninety-six percent of those who took the exam passed. "Nebraska's nursing graduates have ranked in the top five each year for the last 10 years" (Nurse Test Scores Put Nebraska at Top, 1978).

In 1977, the Nebraska Nurses' Association became one of eighteen organizations receiving American Nurses' Association accreditation as a provider and approver of continuing education. The Nebraska Nurses' Association's House of Delegates passed a resolution in 1978 to study the entry levels to the practice of nursing. St. Joseph Hospital in Omaha was the first agency program provider approved to give continuing education offerings for one year under the Continuing Education Approval Recognition Program criteria. The State Board of Nursing was placed under the Department of Health in 1979. In 1980, Nebraska nurses were surveyed to collect data on salaries and working conditions as well as information regarding job satisfaction. Nebraska Nurses' Political Action Committee was organized and provided information of candidates' stands on health related issues (Trott, et al., 1981). There were 12,400 RNs licensed in Nebraska in 1980 and 4,200 LPNs (Minutes of the State Board of Nursing Meeting, 1980).

Bryan Memorial Hospital

Four nurses from three other Lincoln hospitals took part in special training at Bryan's year-old Coronary Care Unit in 1966. A \$1,400 grant from the Nebraska Heart Association made this nurses' training possible by the Bryan Coronary Care Committee. The goal was to have RNs in other hospitals ready to step into spots on the medical nursing teams needed when coronary care units were set up in their hospitals (Bryan's Coronary Care Offers Unique Training, 1966).

The Hospital expanded its heart treatment program in 1966 by taking the emergency room to the emergency. A mobile life support system was set up by Bryan Memorial Hospital at the University of Nebraska-Lincoln's Memorial Stadium in cooperation with the University of Nebraska Athletic Department, University Student Health, the Red Cross, the Boy Scouts of America, and Bryan's Cardio-Pulmonary Laboratory. The Mobile Heart Team consisted of critical care RNs and respiratory therapy technicians and was on standby in case a fan or player experienced a life-threatening problem. The team cared for the patient until he or she could be transported to an appropriate emergency care center. The "911" system grew out of this concept. Bryan's Mobile Heart Unit was established in March, 1971, to serve the entire Lincoln area twenty-four hours a day, seven days a week. This unit was the sixth of its kind in the nation and had a highly successful life support resuscitation record (Bryan Memorial Hospital, 1987). On July 1, 1988, the Mobile Heart Team disbanded. However, through a contract between the University of Nebraska and Bryan Memorial Hospital, two critical care teams continued to be at every home game to take care of emergencies.

The 26,000 pound, 14-foot bronze statue of William Jennings Bryan was moved back to Fairview in 1967 after standing on the north steps of the State Capital for twenty years. In the early 1960s, Fairview had been converted into Bryan Museum, sponsored by the Hospital, Lincoln Junior League, the Nebraska Historical Society, and other interested civic groups. Bryan's old home had been restored to the condition that existed when he resided there (Bryan Statue Finally Goes Home, 1967; Fairview Wants Bryan's Statue, 1967).



In the 1970s, laboratory facilities, social services, and the front lobby were expanded.



William Jennings Bryan's statue at the State Capital.



William Jennings Bryan's statue at Fairview.

Bryan Memorial Hospital increased their starting salary for RNs from \$410 to \$450 per month starting in September, 1967. The private room rate remained at \$40, but the two-bed intermediate care increased from \$30 to \$33 to meet increasing expenses (Bryan Hospital Nurse Pay Increased, 1967).

Since its origin, Bryan provided for the training of post-graduate physicians. In 1967, the three Lincoln hospitals received 15 interns: Bryan, 6; St. Elizabeth, 4; and Lincoln General, 5. The "intern teaching program" evolved into a family practice residency program, Lincoln Medical Education Foundation (LMEF), established by Lincoln's accredited hospitals and approved by the American Medical Association (Interns Select Hospitals, 1967). As of June 30, 1975, the free-standing internship was phased out of medical education, and Bryan no longer had interns (Eliminating the Internship, 1975).

A construction project was started at Bryan in February, 1968, south of the main building along Sumner Street as a part of the Hospital's long-range building program. The first phase called for the construction of a new, one-story diagnostic and treatment wing plus 447 off-street parking spaces at an approximate cost of \$2,500,000. New pathology and cardio-pulmonary laboratories and the expansion of surgery, medical records, and nursing service areas were completed in 1969. The second phase called for a high rise addition of two stories to the present hospital in the next 10 or 15 years. In 1969, the fifth and sixth floors of the Hospital were furnished and opened for patient use. The total value of the Bryan physical plant was increased to more than \$10,000,000, and the increased bed capacity (100) raised the total to 350 beds (Bryan Memorial Hospital of the Methodist Church, 1968; Expansion of Bryan Approved, 1967). A total of 13,134 patients used the Hospital's facilities for 95,977 patient days. The average length of stay for all patients was 7.3 days; extended care patients averaged 18.94 days (Bryan Memorial Hospital News Release, 1970).

The Bryan School of Anesthesia was officially opened October 1, 1968, with two students enrolled. The course consisted of 18 months of supervised academic and clinical responsibilities. Upon graduation and completion of National Certification examinations, candidates were qualified to administer anesthesia. At the time of this study, the school continues and is fully accredited by the National Association of Nurse Anesthetists (Bryan Hospital Adds Anesthesia School, 1969).

In 1972, construction began on an eight-story elevator tower and a new main entrance. The new entrance contained an enlarged waiting area, a nursery room, a gift shop, and additional office space. The elevator tower increased the hospital efficiency by linking the building's eight floors with three cart lifts, two passenger elevators, a new cafeteria, and a new General Stores area. The tower included new office space and two satellite pharmacies designed to provide medication for patients more quickly. Central Service was reorganized to utilize the new cart system. Nursing stations were remodeled and waiting rooms for relatives of patients in ICU/CCU and Surgery were provided (Bryan Memorial Hospital, 1976).

The Hospital also established a Staff Development Program in the 1970s. This program provided many in-service training sessions for all nursing personnel. Bryan also sponsored a statewide Coronary Care Training Program, requiring 80 classroom and 80 clinical hours in the Coronary Care Unit under an instructor's supervision (Bryan Memorial Hospital Brochure, 1975).

Bryan had a Respiratory Therapy Technician's School in the 1970s in a cooperative effort with Nebraska Wesleyan University. Dietary and pharmacy students completed internships at Bryan to be eligible to write board examinations. A program of Clinical Pastoral Education was conducted by the Hospital Chaplain until May, 1993 (Bryan Hospital Brochure, 1975).

Numerous new departments were added and functions changed at Bryan during the years discussed in this chapter:

- An Employee Day Care Center was established in 1962 for Bryan's working parents.
- One extra day's pay for employee's birthday was instituted in September, 1964.
- Admissions began pre-admitting patients in 1965.
- A Clinical Pastoral Education program was established in 1968.
- Social Services was established in 1969.
- An Enterostomal Therapy program began in 1970.
- Ultra-sound technology was implemented in 1972.
- A Gastrointestinal Laboratory began in 1972.
- An Epidemiologist was appointed in 1973.
- A Poison Control Center began in 1973 to provide information in case of suspected poisonings.
- An Electroencephalograph (EEG) Department was started in 1973.
- Patient Service Representatives began helping with admission and dismissal in 1974.
- Utilization Review came into existence in 1974 to review the length of stay needs of Medicare and Medicaid patients.
- Mammography equipment was acquired in 1975.
- Medical Internships were discontinued nationally in 1975.
- In 1976, a Modified Intensive Care Unit was opened. (Bryan Memorial Hospital, 1976).

Bryan's present logo was fashioned by Pickering Design Studio of Lincoln in 1975 and has been used since that time. The figure represents neither man nor woman. It is a singular concept designed to represent the most important person in the hospital--the patient. It is printed on stationery, forms, publications, brochures, handbooks, and other materials (New Logo for Bryan, 1975).

More than 1,100 employees worked at Bryan in 1976. Staff members had cared for 300,000 inpatients during the first half century. There were 339 beds, 225 physicians on the Medical Staff, and the School of Nursing had an enrollment of 240 students. More than 300,000 persons had been served as inpatients since 1926 (Bryan Memorial Hospital, 1976; 1986).

The use of computers started at Bryan in August, 1977. Phase One included using the computer to admit patients and to assist PBX operators and the Information Desk to locate patients. Phase Two included computerization of the hospital's financial system, accounts payable, management services statistics, patient accounting, and payroll (Computer Routine to Admissions, 1977).

In August, 1980, after nearly four years of planning, the Board of Trustees approved a \$35 million dollar expansion project to provide much needed space for patient diagnostic and treatment services; the addition was to add 195,000 square feet of space. Bryan's last major expansion and remodeling was in 1960. In the summer of 1982, construction began on this project; the largest expansion/remodeling program in Bryan's history (\$35 Million Expansion Announced, 1980).

In 1986, there were 1,350 employees, nearly 350 physicians on the Medical Staff, and 250 volunteers at Bryan. The Great Plains Infant Apnea Referral Center was in place, and Bryan's Mobile Diagnostic Van Service provided cardiac testing to communities in a 17-county area. The School of Nursing had graduated over 2,000 students (Bryan Memorial Hospital, 1987).

NLN Accreditation

The National League for Nursing Board of Review for Diploma Programs notified Bryan Hospital and the School of Nursing on February 6, 1970, that accreditation was being continued,

but warned that "serious weaknesses" were found to exist. The school was asked to present a special progress report for evaluation at the League meeting in January, 1972. Twenty-five recommendations that pertained to areas of weakness were listed. They included changes to be made in the School Bulletin, organizational chart, faculty organization, the health program, student marriage policy, evaluation of student performance, curriculum changes, and others (Peterson, 1970).

At the League's January, 1972, meeting, the School's accreditation continued, but a second "warning" was issued and 15 recommendations to eliminate weaknesses were outlined. The School scheduled a revisit in early 1973 (Peterson, 1972). On November 13-14, 1972, Miss Frances K. Peterson, Director, Department of Diploma Programs for the League, came to Lincoln to assist the School with the Board of Review recommendations and gave suggestions on rectifying the existing problems (National League for Nursing, 1972).

The School was evaluated by a visiting team in the spring of 1973 and was notified on July 3, 1973, that accreditation would continue. Twenty-two recommendations were given, and the School was asked to schedule a special progress report at the June, 1975, NLN Board of Review meeting (Brim, 1973). The School was notified in July, 1975, that the Board had recommended accreditation of the program and had only nine recommendations at that time. School officials were asked to reschedule a revisit anytime during 1979. The Board of Review commended all who addressed themselves to the continued improvement of the educational offering of the School of Nursing (Brim, 1975).

Following a visitation by NLN representatives in the spring of 1979, the School's accreditation was continued, but a warning was issued citing 32 recommendations. The School was asked to submit a progress report for the June, 1981, meeting of the NLN Board (Brim, 1979). The Director and Associate Director of the School of Nursing went to the NLN in New York City on November 19, 1979, to discuss the recommendations. All except one of the recommendations could be justified. Three options were given for Bryan to consider: (1) request the Board to reconsider its decision, (2) submit a progress report at an earlier date, or (3) submit a progress report on the date indicated (National League for Nursing, 1979).

On November 30, 1979, a letter was sent to the NLN by the School of Nursing requesting the Board of Review to reconsider its decision to issue a warning to the school. Each recommendation and Bryan's response were included (Bovee, 1979). In a letter of May 30, 1980, the NLN Board of Review notified the Hospital and the School of Nursing that the Board's action was to remove the warning, and continue accreditation of the program, formulate recommendations, and schedule a revisit during the spring of 1983. The Board noted there was limited progress in relation to fourteen of the recommendations (Brim, 1980).

Bryan Hospital School of Nursing

The Annual Report for the 1966 calendar year gave the daily average patients as 211.7. The recent expansion had increased the hospital beds to 255. NWU's tuition was \$20/credit hour plus a \$10 matriculation fee. Policies regulating clinical assignments were documented:

- Clinical/class assignments will not exceed 40 hours per week.
- Each student will have at least one week-end off duty each month.
- Students will be off duty for special occasions such as capping, graduation, Junior-Senior Banquet, formals, etc.

- Students will be assigned to four weeks of 3-11 experience and four weeks of 11-7 in medical-surgical experience, the total of which shall not exceed 64 days in the three-year program.
- Team leading assignments for senior students will be from 7-3.
- Four weeks each in nursery, ante-partum, and post-partum.
- Students will be assigned to two consecutive weeks in the Recovery Room (NSHS, 1965-1967).

Students received two weeks' summer vacation the first year and four weeks the remaining two years. They were off duty two days per week, one free from classes. In 1966, nine junior students were housed in a residence owned by the Hospital one block south of Bryan. "The new ultra-modern School of Nursing provides living quarters for 135 students, adequate office space for the faculty, and all other physical facilities for an excellent program" (NSHS, 1965-1967).

The selection of faculty was based on character, experience, preparation, and the following personal qualifications: (1) graduate of an accredited school of nursing or comparative education field; (2) current Nebraska license; (3) member of and an active participant in professional organizations; (4) preparation, educational qualifications, and experience in field of instruction; (5) excellent clinical nurse; and (6) dependable, conscientious, courteous, neat, well-groomed, and cooperative (NSHS, 1965-1967).

Blue Cross and Blue Shield insurance was available to faculty. All RNs at Bryan Hospital, including the School of Nursing, were covered by malpractice group insurance for \$1/month for full-time and \$.50/month for part-time employees. Nurses were covered only while on duty. Physical exams were given at the time of employment and annually thereafter at a cost of \$5. Sick leave accrued at one day per month to a maximum of 30 days. Unused sick leave was not paid on termination (NSHS, 1965-1967).

The cost of the three-year program in 1966 was \$2,350. Income and expenses from May 31, 1965, to May 31, 1966, were:

Total income	\$130,522.43
Total expense	323,399.29
Student services	267,254.78
Total loss	\$56,144.51

The total enrollment was 177 with 70 new admissions. There were two men and sixteen married students enrolled in 1966. Two graduates failed State Board exams. The tuition and fees were \$1,925 for the first year (including Wesleyan tuition and room and board), \$700 for the second year, and \$350 for the third year, making a total cost of \$2,975 for the three years (NSHS, 1965-1967).

By the time of the 1967 Annual Report, the Wesleyan tuition had increased from \$20 to \$25/credit hour. The Hospital beds were documented at 247 and daily average patients at 209. The enrollment on December 31, 1967, was 178; 158 single women, 3 men, and 17 married students. From 154 applications, 77 students were accepted. The Nursing School Advisory Committee was mentioned throughout the 1960s, and the Religious Activity Committee was added to the list of Faculty Committees (NSHS, 1965-1967).

Increased applications made it necessary for students to live off-campus in 1967. Due to the housing shortage, the bungalow, owned by the Hospital, as well as the old dorm east of the hospital were renovated and occupied entirely by students. Students were encouraged to live at home, if possible, at least the first semester. The nursing Alumni Association retained an

active interest in the school and on several occasions contributed furniture, equipment, and other items for student use. A total of 624 students, many of whom were employed at Bryan Hospital, had graduated from the School by 1967 (Annual Report, 1967).



The "bungalow" located at 1845 South 49th Street housed Bryan students from the mid 1940s until the 1980s.

The 1967-1968 Bryan School of Nursing Bulletin stated:

Students should not plan to be married while attending the School of Nursing. It is permitted, however, after the first year, upon faculty approval. To secure approval, the written consent of the parent or guardian is necessary, as well as a signed acceptance of financial responsibility. Classwork, clinical performance, and clinical placement are considered. In the event of pregnancy, individual consideration is given to determine the length of time a student may stay in school (NSHS, 1965-1967).

There was misunderstanding among educational people about the intentions of diploma programs and the future ability of their graduates to practice nursing. It was suggested that a Diploma Committee with a joint Statement of Intent be formed to send representatives to conferences and assist schools to fill classes. Costs continued to escalate in 1967, attrition increased, and there were excessive students in Med-Surg. It was suggested that tuition and

fees be maintained as last year and faculty be more cost conscious. Extensive changes in the curriculum were planned. Emphasis was thought to be on academic preparation rather than on teaching techniques and understanding of subject areas. It was suggested that faculty continue to enroll in appropriate University classes, and the Board of Trustees be urged to support a graduate program in nursing education (NSHS, 1965-1967).

Problem areas given in the 1967 Report to the Board of Trustees:

- lack of dormitory space due to increased size of the student body
- pediatric nursing affiliation; consider hiring a pediatric instructor and providing experience at Bryan
- inadequate classroom and office space
- recruitment for diploma education and for other programs
- rise in cost of educational program (NSHS, 1965-1967)

The income and expenses for the fiscal year 1967-1968 were:

Income	\$350,707.75	(incl. \$10,600 Federal grant to help defray cost of increased enrollment)
Expenses	438,327.90	
Student services	44,191.15	
Estimated deficit	57,620.15	
(NSHS, 1901-1983)		

Beginning in September, 1968, the State Board of Nursing approved discontinuing Bryan's pediatric affiliation at Children's Hospital in Omaha. The School of Nursing would use pediatric facilities at Bryan (Minutes of the State Board of Nursing Meeting, 1968).

Mrs. Margaret Pavelka was the Director of the School in 1969 according to the Annual Report. The number of hospital beds was 274 and daily average number of patients was 228.3. There were 198 students enrolled in the school; 157 single women, 4 men, and 37 married students. There were no State Board failures in 1969. Ten of the withdrawals for 1966 through 1969 were due to dislike for nursing; however, retention rates had improved.

Year	Admitted	Graduated	Percent
1966	60	45	75.0
1967	60	51	85.0
1968	66	53	80.0
1969	70	56	80.0
1970	68	65	95.0
(NSHS, 1901-1983)			

Wesleyan's cost remained \$25 per credit hour plus a \$10 matriculation fee. The cost of the Bryan program continued to be \$3,000. The ACT test was required in 1969, but "not in the future." General policies for admission included: men and married women were accepted in the program, and there was no defined upper age limit. Each student was required to observe at least two autopsies. Students had to maintain a C average in 1969. A retake exam was taken

in case of failure in a clinical nursing course exam; the cost was \$5. Plans to change the entire curriculum and reorganize the content were mentioned. The newly completed fifth and sixth floors, adding 102 additional beds, had opened at the time of the 1969 Report (NSHS, 1901-1983).

Students participated in the Nurses' Training Act loans, repayable with interest, and the Alumni Loan Program, without interest. The Service League provided up to \$500 to students annually without repayment. The Federal Nurse Training Act Grant Program was described as:

The determination of need is made on the basis of the family income tax paid for the two years preceding admission to the school and application for the grant. Total income tax must have been less than \$625 a year for a student to qualify for the grant. Before the student receives this grant, he must have borrowed the same amount from an organization to which the faculty recommends the student for the loan (NSHS, 1901-1983).

A reduction in tuition was given students who provided their own housing. Wesleyan arranged facilities for housing twenty students for the 1968-1969 academic year and for the following semester, if necessary. The school bus transported the students back and forth. The school's housing facilities included the three floors of the dormitory, two floors in the smaller dorm, the bungalow owned by Bryan, as well as quarters in the dorm at Wesleyan (NSHS, 1901-1983).

The History of Nursing by Josephine A. Dolan, Professor of Nursing at the University of Connecticut, was presented to the students through "telelectures" with follow-up discussions. The course in Communications was taught at the school by Myrl Alspach, RN, part-time instructor, rather than at Wesleyan. The 13-hour course in Nursing Fundamentals started for pre-clinical students upon admission. The course introduced the students to nursing as a profession and also oriented them to the School of Nursing activities (NSHS, 1901-1983).

Faculty were required to be a graduate of an accredited school of nursing with a current Nebraska license and membership in the American Nurses' Association; a bachelor's degree was preferred. There were 23 faculty members in 1969. Student recruitment was achieved through high school career conferences and an open house at the school twice a year. Students were admitted once a year in September. The total Bryan graduates in 1969 was 729 (NSHS, 1901-1983).

The 1969 curriculum consisted of:

Med-Surg Nursing I	Introduction to Pharmacology Cardiovascular Disease Nursing Respiratory Disease Nursing
Med-Surg Nursing II	Orthopedic Nursing GI Disease Nursing
Med-Surg Nursing III	ENT Disease Nursing Ophthalmology Disease Nursing Urological Disease Nursing Gynecology Nursing Endocrine Disease Nursing

Med-Surg Nursing IV

Allergy Nursing
Plastic Surgery Nursing
Breast Disease Nursing
Thoracic Surgery Nursing
Chronic Disease Nursing
Neurological Nursing
Surgical Nursing
Pediatric Nursing
Maternity Nursing
Psychiatric Nursing

Med-Surg Nursing V
(third quarter, senior year)

Team Leading
Emergency Room
Intensive/Coronary Care
Community Resources
Fluid & Electrolyte Balance
Advanced Cardio-Respiratory Nursing
Trends in Professional Nursing

Adv. Med-Surg Nursing
(fourth quarter, senior year)

Patient with Cancer
Long Term and Rehabilitation
Maternity Nursing-Senior Seminar
Research Nursing Seminars
Disaster Nursing
First Aid

(NSHS, 1901-1983)

The following curriculum plan was in effect in the early 1970s:

University or College:**First Semester**

Anatomy and Physiology	4 semester hours
Chemistry	4 semester hours
English	3 semester hours
Growth and Development	2 semester hours
Sociology	3 semester hours
Physical Education	1 semester hour

Second Semester

Anatomy and Physiology	4 semester hours
Microbiology	4 semester hours
English	3 semester hours
Growth and Development	2 semester hours
Introduction to Nursing	1 semester hour
Physical Education	1 semester hour

Bryan School of Nursing:	Hours	Wks of
First Year-Summer Session		Clinical
Nursing Fundamentals	60	
Foods and Nutrition	24	12 hours
Medical-Surgical Nursing I	24	last 8 weeks
Total	168	20
Second Year		
Medical-Surgical Nursing II	96	12
Medical-Surgical Nursing III	96	12
Medical-Surgical Nursing IV	84	12
Maternity Nursing	60	12
Total	336	48
Third Year		
Pediatric Nursing	96	12
Psychiatric Nursing	96	12
Medical-Surgical Nursing V	80}	16
Trends in Professional Nsg	24}	
Total	296	40
Grand Total	800	
(Bryan Memorial Hospital School of Nursing, 1970-1971)		

The 1971-1972 Bryan School of Nursing Catalog stated:

Beginning in 1970, students accepted by this school for entrance in September will attend any accredited college or university of their choice the first year (two semesters), taking required courses specified by Bryan Hospital School of Nursing. Upon satisfactory completion of these courses, the students previously accepted will automatically enter the School of Nursing. The total length of the program at the School of Nursing will be shortened significantly. Following acceptance by Bryan School of Nursing and the two semesters in an accredited college, students will attend the nursing school two full calendar years (NSHS, 1901-1983).

The Annual Report for the 1970 calendar year listed Mrs. Pavelka as the Director of the School. The last accreditation by the State Board was in 1963. The average number of patients in the Hospital was 322.25. There were 203 students enrolled on December 31, 1970, with a maximum student enrollment of 240. The School admitted 77 students on September 14, 1970; 65 graduated, seven withdrew, seven were dismissed, five transfer students joined the class, and there were six readmissions. The attrition rate had dropped to five percent. The cost of the program was \$2,000 with \$300 of that amount designated for college tuition (NSHS, 1901-1983).

The School had no separate budget; estimates of income and expense were prepared by the Director. The estimates for the period from June, 1969, to May, 1970, were:

Income:

Tuition and Fees	\$206,163.15
Other	24,055.64
Total	\$230,218.79

Estimated Student Service \$172,098.00

Expense:

NWU Tuition	\$ 25,060.00
Education	243,288.15
Maintenance	417,819.58
Total	\$686,167.73

The School had a three-year agreement with NWU to provide Anatomy, Physiology, Chemistry, Microbiology, Sociology, and Psychology to Bryan Students at \$25 per credit hour (NSHS, 1901-1983).

The Religious Activities Committee was disbanded in 1970 and the Test Construction Committee added. The newly developed curriculum was presented to and accepted by the State Board of Nursing. The Med-Surg Nursing Curriculum was revised utilizing the concept approach, Management by Objectives, and shortened by eight weeks making the final term of the program a 16-week session (NSHS, 1901-1983).

In September, 1970, freshmen students attended college full-time for the first two semesters, as outlined in the school catalog. They lived on the college campus or at home, but not at Bryan while attending college. Reasons given for the major curriculum change was to strengthen the knowledge base of the students in anatomy, physiology, and communications, and to decrease student costs to the Hospital, and, consequently, to the patient (Bryan Memorial Hospital School of Nursing, 1970-1971).

In 1970, the Hospital administration implemented an educational leave policy which made it possible for a maximum of three instructors to have a semester's leave on full salary to advance their education. Three-fourths of the tuition was paid on approved courses that faculty took to upgrade their level of knowledge. Many instructors took advantage of this opportunity and were enrolled in college courses in 1970 (NSHS, 1901-1983).

Ms. Phyllis Bovee became Director of Nursing Education at the School of Nursing in 1971. The Annual Report listed 222 students enrolled on December 31, 1971 and 61 students graduated that year. The Hospital had a daily average census of 207.40. Numerous regulations were recorded for grades and absences in the 1971 Annual Report:

- Students are placed on probation if a "D" is received on a major examination. Failure to raise course grade to a "C" by the end of the quarter will result in dismissal from the School of Nursing.
- Any student receiving two "Ds" as final grades in the theory portion or two "Ds" in the final clinical portion of consecutive courses will be dismissed.
- Any student acquiring a total of three "Ds" as final grades for clinical and/or theory will be dismissed.
- A maximum of seven excused ill or absent days will be allowed during one course. If absent more than seven days, the student will not be allowed to complete the course.
- No more than ten excused absent days per year will be allowed without make-up time.
- One hour of class time will add two hours make-up time.

The School had seven standing committees in 1971: Curriculum, Admissions, Promotions, and Graduation; Personnel; Test Evaluation; Library; and Student Affairs (NSHS, 1901-1983).

In a Special Progress Report to the NLN, Department of Diploma Programs in 1971, Ms. Bovee was Director of Nursing Education; Elaine Garrison, Curriculum Coordinator; Phylis Stelling, Med-Surg Coordinator; and Betty Rasmusson, Clinical Coordinator. The desirable education, training, and qualifications of faculty were:

Director of Nsg Education	Master's Degree in Education or related field
Curriculum Coordinator	Master's Degree preferred
Med-Surg Coordinator	RN from accredited School of Nursing with adequate experience to ensure competence; Bachelor's Degree preferred
Instructor Med-Surg	Same as above
Instructor Peds & OB	Same as above
Clinical Instructor	Same as above

Instructors were not scheduled for more than 40 hours/week; 24 hours/week clinical with classroom and preparation. "The number of formal classroom hours shall not exceed eight hours/week." In May, 1971, students could be out until 3:00 a.m., with initial parental consent required, and unlimited overnight stays could be approved by the faculty if the student did not have clinical or class before 10:00 a.m. the following day (NSHS, 1901-1983).

The marriage policy was outlined in the 1971 Student Manual. Some of the stipulations were:

- Written notification must be presented to the DON prior to marriage.
- If not of legal age and the parents remain financially responsible, written consent of the parents must be obtained.
- Time off to be married must be arranged for ahead of time.
- The student must establish evidence of financial responsibility for her education.
- If a student has a loan or scholarship, provisions according to that loan or scholarship must be met.
- Special privileges will not be granted because of marriage
(Bryan Memorial Hospital School of Nursing Student Manual, 1971).

The 1971 Student Manual also described the Student Evaluation Court, which provided a student governing committee to review rule infractions unrelated to scholastic or clinical performance. The Court consisted of four members elected from each class, the residence director, guidance counselor, and faculty who might be invited to be consultants. The Court met as deemed necessary to evaluate any student violation against the student policies and to initiate appropriate action; "actions may consist of fines, relinquishment of privileges, or campusing" (Bryan Memorial Hospital School of Nursing Student Manual, 1971).

The curriculum content of Med-Surg V was changed dramatically in 1971, as documented in the Special Progress Report.

Dialysis
Migraines
Epilepsy
Gas Gangrene

Rehabilitation
Community
Disaster Nursing
Environmental Control

Venereal Disease
Tuberculosis
Nursing Research
Team Nursing
Anorexia-nausea and vomiting
Fluid and electrolyte imbalance
Transplants-corneal, kidney, liver, heart
World, national, and state health problems
Family-drug abuse, alcohol abuse, sex
Special groups-occupational, migrant, minority
(NSHS, 1901-1983)

Communication
Infection
Diet Therapy
Teaching/Learning

Each student was evaluated prior to admission, after completion of required college courses and before beginning Med-Surg Nursing I, at the completion of each nursing course, and at the completion of each level. Course grades were determined by averaging theory and clinical evaluation grades. Recommendations mentioned in the Special Progress Report were to increase the number of conference rooms available to students and to write more completely the minutes of the Faculty Committee meetings (NSHS, 1901-1983).

The Annual Report from June 1, 1971, to June 1, 1972, reported that the School had received 195 applications during this period and accepted 108. Nine withdrew after acceptance, 16 dropped out during the college year, and 83 entered as Freshmen in the Class of 1974. There were 237 students enrolled December 31, 1972; 188 single women, five men, and 44 married students (NSHS, 1966-1971). The 1971 Quarterly Report announced a change in administrative positions at the School. The DON was no longer over both nursing education and nursing service, but became separate positions that were directly responsible to the Associate Administrator at the Hospital (NSHS, 1901-1983).

The Annual Report for the 1972 calendar year gave the number of hospital beds as 331 and the daily patient average as 264.16. Ms. Bovee remained Director of Nursing Education. Bryan continued to participate in the Nurse Training Act Loan Program. "Students may borrow as much as is needed for tuition from the Alumni Loan Program at 5 percent interest beginning after graduation" (NSHS, 1901-1983).

Faculty policies were reviewed in the 1972 Annual Report:

- The work week begins Monday and extends through Sunday.
- Student supervision planned for week-ends, holidays, or evenings shall be rotated equitably among faculty members.
- Formal classroom hours shall not exceed 8 hours/week.
- Supervision will not exceed 24 hours/week.
- A minimum of 8 hours/week is available for preparation, research, evaluation of students, co-curricular activities, and student conferences.
- All instructors are expected to assist in interviewing prospective students and participate in recruitment activities (NSHS, 1901-1983).

The 1972-1973 School of Nursing Catalog stated that a passing grade for Bryan School of Nursing is a "D". A student must maintain a "C" average in order to remain in School (NSHS, 1970-1971).

The 1973 Annual Report to the State Board of Nursing gave the number of hospital beds as 251 with an average daily census of 210.14. Ms. Bovee, Director of Nursing Education,

prepared the budget, and it was approved by the Hospital Budget Committee. Income and expenses for the year ending May 31, 1973, were:

Income	\$119,335.23
Expense	507,089.34
Direct	283,031.67
Indirect	224,057.67

Seventy-nine students entered the School of Nursing on June 18, 1973. There were 232 students enrolled December 31, 1973; 183 single women, 6 men, and 43 married students. Sixty-five took the State Board exams and four failed. Policies regarding absences were revised to be more reasonable in terms of the student's participation in planned learning experiences (NSHS, 1901-1983).

No psychology course was required for admission to the School in 1973. Four levels of progression were outlined in the curriculum:

Level I	Summer Quarter, first year
Level II	Second Quarter, second year
Level III	Second Quarter, third year
Level IV	Final Semester

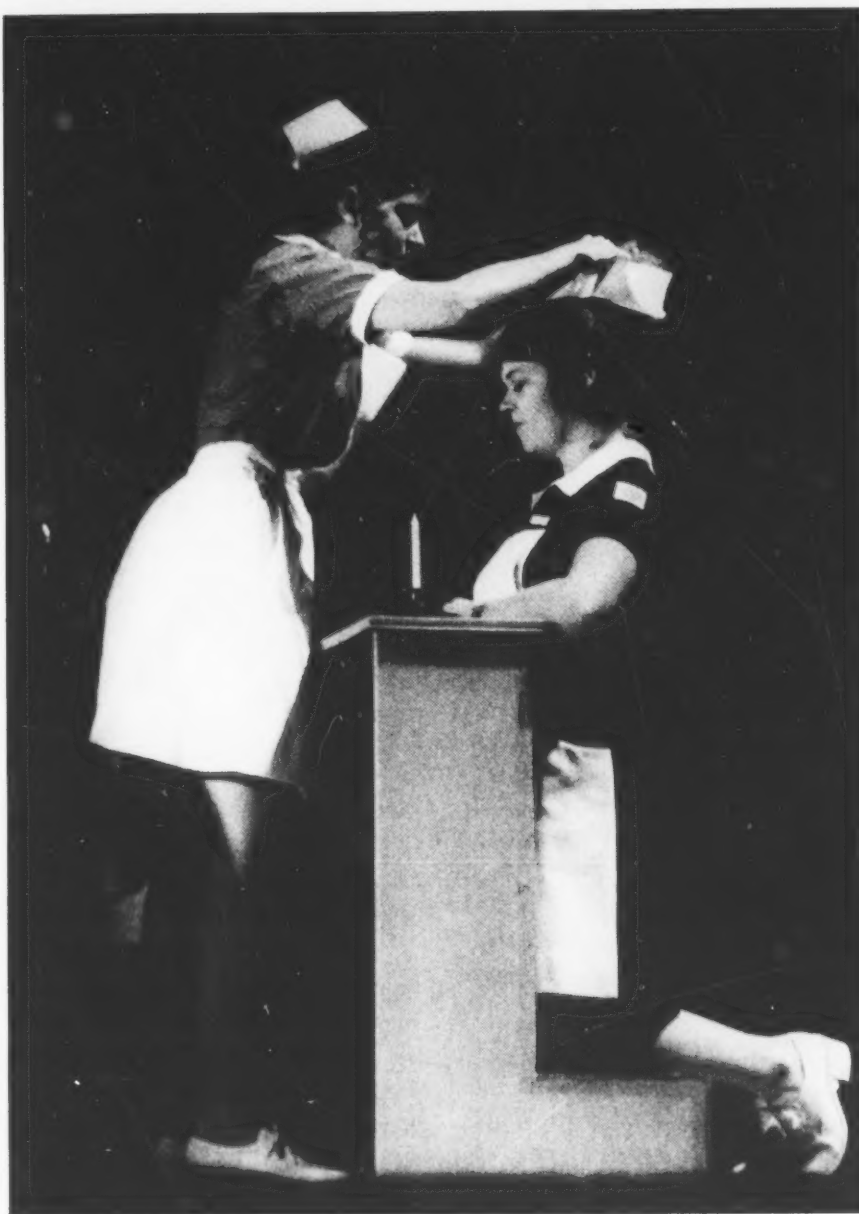
Many topics were added to the curriculum in 1973: communication, nursing skills, problem-solving, professional development, community, rehabilitation, patient teaching, interpersonal relations, team nursing, and ethics/conduct (NSHS, 1901-1983).

The Student Manual noted the following concerning personal appearance:

- Length of uniform and lab coat should be no shorter than three inches above the bend in the back of the knee.
- Hair must be worn off the collar or confined in some way.
- No costume jewelry is to be worn with the uniform.
- Students with pierced ears may wear "posts" when in uniform. Requirements are the same as Nursing Service which limits "posts" to gold, silver, pearl, or diamond no larger than 1/8 inch in diameter.
- Shorts, sweat shirts, and similar casual attire are not permitted in the classroom or Hospital.
- No bright or inappropriate nail polish should be worn when in uniform (Bryan Memorial Hospital School of Nursing, 1973).

The 1974 Annual Report documented Ms. Bovee as Director of the School. The average daily census was 281.60. There were 250 students enrolled; 207 single women, six men, and 37 married students. Seventy-eight students graduated. The income was listed at \$125,267 and expenses \$471,173. Changes at the School in 1974 included:

- The School of Nursing used Tabitha Nursing Home for a clinical laboratory facility.
- All illnesses or absences due to illness must go through the Health Room. Illness of a family member does not constitute an ill day for the student.
- Any student who receives a final grade of "F" in either the clinical or theory portion of a course will be dismissed from the School (NSHS, 1901-1983).



1973 Capping Ceremony.

The pinafore uniform was worn from 1969 to 1974.

The 1975 Annual Report with Mrs. Bovee as Director gave the daily average census as 272.28. There were 247 enrolled in the School: 206 single women, 6 men, and 35 married students. Seventy-nine students entered Bryan School of Nursing on June 16, 1975. The ACT or SAT was required prior to admission. In 1975, the cost of the program was: first year, \$475; second year, \$2,005, and third year, \$1,235, making a total cost of \$3,715. For the year ending May 31, 1975, the School's income was \$242,331 and expenses were \$306,659 (NSHS, 1901-1983).

Students had to maintain a "C" average to remain in school. The "average deviation method" was recommended as a way of determining grades. The grading scale used in 1975 was:

91 - 100	A
86 - 90	B+
81 - 85	B
76 - 80	C+
70 - 75	C
Below 70	F

In 1975, there was an inservice by Staff Development on the laminar air flow system. Students in Med-Surg Nursing Course III were sent to the laminar air flow unit for an observational experience. On January 12, 1975, "Bryan Hospital's request to have its diploma school students take geriatric nurse training at Tabitha Home was approved" (NSHS, 1901-1983).

Affiliations listed in the 1976 Annual Report included the Hastings Regional Center and Tabitha Home. Ms. Bovee was Director of the School of Nursing. There were 247 students in the school, and the average daily Hospital census was 271.91 (NSHS, 1901-1983). Apparently, there was some concern about closing the school in 1976:

In spite of the concern about the closing of the school, we have been able to attract many more applicants than can be accepted. Our classes are limited to 80 students, so that we can continue to provide good basic education and experience (Bovee, 1976).

The School of Nursing was surveyed by the State Board of Nursing on December 7-8, 1976. In that report, there were 23 faculty members of which 12 were graduates of Bryan School of Nursing. There were no faculty with master's degrees; 11 had BS degrees, one had a BSN, and 11 had a nursing diploma. One year of nursing service experience was required for faculty appointments. There were seven standing committees including a Library Committee. The library had 3,715 volumes and subscribed to 40 periodicals. The guidance program at the School was informal; most counseling was academic. Each student was assigned a faculty member as an advisor. For personal counseling, students went to the Director of the School, the Chaplain, or the UNL Counseling Center (NSHS, 1901-1983).

The level of academic preparation of the faculty and fragmentation and duplication throughout the Med-Surg nursing courses were listed as weaknesses in the program. It was recommended that notification of termination of employment be three months to allow time to orient a new faculty member; also, that outdated library holdings be removed from the shelves (NSHS, 1901-1983).

By May, 1976, nearly 1,200 students had graduated from the Bryan nursing program since it began in 1926. The Commoner described what the School was like fifty years later. Two semesters of college course work were required followed by two years at Bryan. Psychiatric training was done at Hastings. Freshmen spent one day per week in the hospital; juniors and seniors spent three days per week. Students had classwork the remainder of the week. Tuition for Bryan was \$4,300; books, uniforms, and meals were purchased by the students. The uniforms were royal blue and white, wash and dry polyester pants suits or short dresses. The present building was in use in 1976; however, students were permitted to live off campus (From the Archives, 1976).



Royal blue and white polyester uniforms worn from 1974 to 1984.
The first pants uniform available to Bryan students.

Ms. Bovee was Director of the School in the 1977 Annual Report, and Mr. Edwards was President of the Hospital. The daily average census was 271.91. Eighty-nine students entered Bryan on June 20, 1977; a total of 259 students were in the school with the desired enrollment of 240. There were 255 applications taken; 144 accepted, 29 withdrew, and 67 graduated. Sixty-nine wrote State Board exams and one failed (NSHS, 1901-1983).

The curriculum remained the same as the year before. The History of Nursing was integrated into Nursing Course 101 and 201 to replace the Introduction to Nursing correspondence course. The School budget was prepared by the Director and Faculty and approved by the Hospital's Budget Committee (NSHS, 1901-1983).

The 1978 Annual Report listed Ms. Bovee as Director. There were 266 students in the School; 34 withdrew and 72 graduated. The citizenship requirement for admission to the School was removed during 1978. The daily average census was 269.14. The Tabitha and Hastings affiliations continued. The admission policy was changed to read "applicants must be in the upper half of their high school class with a grade average of 'C' or above." The college requirements gave students the option of taking three hours of Human Growth and Development or Introduction to Psychology. The income and expense accounts for the fiscal year ending May 31, 1978, were: Income, \$402,788 and Expenses, \$846,167 of which \$393,789 was direct and \$452,378 was indirect. Salaries and wages amounted to \$363,498 (NSHS, 1901-1983).

The 1979 Annual Report cited Ms. Bovee as Director with 266 students in the School. Of 188 applicants, 129 were accepted and 108 admitted. The daily average census was 269.87. Affiliations utilized by the School for clinical experience were Tabitha Home, the Lincoln Regional Center, and the Independence Center at Lincoln General Hospital. Nursing 305, Psychiatric

Nursing, was approved by the State Board of Nursing to replace the psychiatric course at the Hastings Regional Center. Students were required to take 26-28 semester hours at a college or university; 904 theory hours and 1640 clinical hours at Bryan to graduate from the School (NSHS, 1901-1983).

There were 29 nurse faculty members in 1979. Nine were diploma prepared, ten had BS degrees, and three had master's degrees (NSHS, 1901-1983). In 1979, one of the recommendations made in a Nebraska State Board of Nursing Survey Report of Bryan School of Nursing was:

...that salary scales be revised and provisions made to allow recruitment of master's prepared faculty; that faculty be encouraged to continue their education in order to provide them with the necessary academic as well as experience credentials for their positions (Minutes of State Board of Nursing Meeting, 1979, May).

The 1980 Annual Report reflected the same administrators for the School and Hospital. The number of hospital beds was 251; the daily patient average 239. There were 259 students enrolled in the school. Seventy-seven students entered the School and 79 graduated in June, 1979. In 1980, the School utilized St. Elizabeth Community Health Center for clinical in Maternity Nursing, Nursing of Children, and Med-Surg Nursing (NSHS, 1901-1983).

The 1980-1981 Bryan School of Nursing Catalog listed 19 full-time and six part-time faculty. There were 275 students enrolled and 2,544 total hours of classwork documented. Students were expected to attend all classes and participate in all planned clinical laboratory experiences. The total cost of the program was \$7,225 plus tuition for college courses (NSHS, 1901-1983).

Looking Back

Jill Givens Williams, Class of 1968, felt her class had more contact with physicians than students of today. Her first job was in an Omaha hospital, and the administrators there recognized Bryan grads as exceptionally well-trained. There were nursing jobs everywhere when she graduated. She would have liked to have had a physical assessment course and a better background in Anatomy and Physiology (it was taught on TV). She lived in the "bungalow" and recalled dorm life as mostly fun; lots of camaraderie and togetherness. "What nurses are expected to assess today is far different than when we were in school. I admire what the students know now, but they have less experience as a new grad" (Williams, 1991).

Shirley Landon Retzlaff, Class of 1971, thought that the theory portion of training could have been stronger, especially compared to the UNL grads who worked at Bryan. She felt that two weeks of Critical Care experience was insufficient. The relationship of doctors and students is much better today, she commented. She remembered dorm life as fun, yet they had lots of restrictions. Students went out to eat and played a lot of cards, especially in their psych rotation at Hastings. There was a nursing shortage in 1971, but Bryan guaranteed a job for each of them (Retzlaff, 1991).

Sherry Jantze Fougeron, Class of 1974, felt she was more prepared for the clinical care of patients than the BSN graduates who oriented with her. They had "full" clinical and classroom days; eventually clinical replaced some of the theory. Students had limited contact with physicians in 1974. Physicians were definitely in a leadership position. She cited her three-month psych rotation in Hastings as the most unusual experience while in training (Fougeron, 1991).

Cindy Dragoo Peter, Class of 1976, would liked to have had more assertiveness training and to have been given more freedom and independence prior to graduation in preparation for future practice. Students were taught indirectly to be the physician's polite assistant. It was also instilled on the students that keeping current would always be important. She liked "proportionately more clinical and the hands-on experience" in the Bryan program, and thought the mix of ill hospitalized patients with clients in the community made a very solid foundation for nursing practice (Peter, 1991).

Karen Spader, Class of 1977, found working as a Technical Assistant while in school very beneficial. She found the clinical experience, especially team leading, a valuable part of her training. She felt she could have benefited from more Intensive Care training and labor experiences in OB. Spader loved dorm life and had lots of fond memories. She did not feel too stifled by the rules. "One could always work around the rules" (Spader, 1991)!

Pam Wollenburg, Class of 1979, found value in studying something in class, then taking care of a patient with that disease process or procedure. "We were in the hospital actually doing what we learned the week before in class." She found that training went fast; there was so much to learn and understand that it was difficult to comprehend everything. According to Wollenburg, students were afraid of the doctors and quickly gave them their seats at the desk. There was a nursing shortage in 1979; Bryan hired about 40 of the 79 who graduated in 1979. She views their time in Hastings as the most amusing of their training; "an era lost" (Wollenburg, 1991)!

Summary

Following the war years, there was a sense of enlightenment and new opportunities for nurses in health care. New nursing leadership appeared, and the enrichment of nursing education became channeled into effective practice and delivery of nursing care.

Nursing's credibility and professionalism continued to progress in the late sixties and throughout the seventies. The Entry into Practice Resolution advocating a baccalaureate degree as minimum preparation caused grave concern to hospital nursing schools.

Skyrocketing health care costs, especially for hospitalization, led to reorganization of the health care industry. Although health care absorbed an increasing percentage of the nation's gross national product, the benefits to the public were not proportionate. An expanded supply of nurses in innovative roles showed promise of higher quality care at a more cost effective rate.

No longer were old methods of treatment adequate, nor were old methods of educating doctors and nurses satisfactory to meet the demands placed on them by society. The distribution of health care facilities and personnel changed to meet those changing needs. National and state professional organizations studied the activities of their members and strived to adjust their educational standards, so that health care professionals would be able to function more effectively.

For many years during this period, Nebraska's nursing school graduates laid their "claim to fame" by ranking first or close to the top in national licensure exams. Bryan Hospital and the School of Nursing continued to grow and expand and to build on the reputation of being Lincoln's most progressive health care facility.

CHAPTER SEVEN

The Legacy Continues 1981 - 1996

This was, indeed, a historic time for the nursing profession. Legislation was enacted which governed the hospitalization of Medicare patients. An acute nursing shortage, the controversy over two levels of nursing practice, alternative health insurance plans, the continued debate of entry level into practice, and health care reform had a profound effect on the nursing profession. Bryan Memorial Hospital saw the realization of two major expansions, the renovation of Fairview, and the advent of collective bargaining. The School of Nursing acquired an addition; two curriculum changes were instituted; and new programs were developed.

Nursing Nationally

The nation's hospitals were faced with a critical shortage of nurses in 1981, and care at some hospitals was threatened. According to the American Hospital Association representing about 6,000 facilities, the shortage was approximately 100,000 nurses. Of the nation's 1.4 million RNs, only 900,000 were employed; 600,000 full-time. The number of enrollments and graduations from nursing schools dropped sharply and many schools closed (Barclay, 1981).

In 1982, the National Council of State Boards of Nursing implemented a new nurse licensing examination. Unlike the State Board Test Pool developed under the auspices of the National League for Nursing, the new examination was an integrated test instead of several separate tests in specific clinical specialties. It had one final score and was designed to better reflect the process orientation and integrated approaches of contemporary nursing curricula. The test, with criterion-referenced scoring, was purchased through the National Council of State Boards and administered by each State Board. NCLEX (National Council Licensing Examination) was the name given to the new test (Dolan, Fitzpatrick, & Herrmann, 1983; Fagin, 1990).

In February, 1982, the NLN Board of Directors issued a new position statement naming the baccalaureate degree as minimal preparation for professional nursing practice. Nursing leaders who had backed the League on this matter welcomed the statement. It represented a united position by the NLN and American Nurses' Association on education for professional nursing practice. However, the League's Council of Diploma Programs reacted negatively to the new statement (Fondiller, 1980; Sorensen & Luckmann, 1986).

An attempt to rescind the NLN position statement requiring a baccalaureate degree for entry-level professional nurses was defeated at an NLN meeting in Philadelphia, June 1-4, 1983. "Preparation for technical nursing practice requires an associate degree or diploma in nursing, placing graduates of these schools in a technical role rather than a professional role." Since the American Nurses' Association and the League both supported the proposal, those who believed in associate degree and diploma nursing were urged to join the Federation for Accessible Nursing Education and Licensure (FANEL), a national organization dedicated to maintaining educational freedom of choice in nursing, to oppose this type of legislation. FANEL alleged that such a requirement would make periodic shortages of nurses even more severe since the majority of nurses at that time were graduates from associate degree and diploma programs (League Supports BSN Movement, 1983).

Under the Social Security Amendments of 1983, the federal government adopted a Prospective Payment System (PPS) for Medicare inpatient hospital services. This legislation established 467 categories that allowed pretreatment diagnosis billing categories for nearly all U.S. hospitals reimbursed by Medicare. Payment for illness by the Federal Government's Health Care Financing Administration (HCFA) categorized patients into diagnosis-related groups (DRGs). Under this system, payments to hospitals were based on the average cost of treating a particular disease. This change was made in an attempt to encourage greater efficiency. Hospitals that operated efficiently would benefit from treating Medicare patients, and those who operated inefficiently would lose money (Fagin, 1990; Kalisch & Kalisch, 1987; Kelly, 1985).

The DRG system had a direct impact on nursing. Some hospitals retained lower paid nursing personnel rather than RNs in an attempt to cut costs. Others turned to all RN staffs that could teach patients or anticipate potential complications, so the patient would be discharged before the designated DRG days. The job market for nurses also became tighter (Kelly, 1985).

Health Maintenance Organizations (HMOs), prepaid health insurance plans, were instituted in the 1980s. These plans were designed to deliver affordable and comprehensive medical services to enrolled members (Kalisch & Kalisch, 1987).

In 1984, a strike by 6,300 nurses against 17 hospitals in Minneapolis/St. Paul dramatized nursing's concerns about health care cutbacks in response to cost containment imposed by state and federal governmental bodies and insurance companies. For the first time, the American Nurses' Association endorsed a candidate for the presidency of the U.S., illustrating increased political activism by nursing. In 1985, a position statement in support of two levels of nursing practice (professional and technical) was issued by the NLN (Sorensen & Luckmann, 1986; Woodfill & Beyrer, 1991).

The National Center for Nursing Research was established in the National Institutes of Health in Bethesda, Maryland, in 1986. In 1987, the American Medical Association proposed two new categories of licensed health workers--a basic and an advanced registered care technologist (RCT). The average staff nurse earned \$26,000 in 1987. That was more than twice the maximum wage of 1977 (RN at 50: Half a Century of Service, 1987). More than 40 national nursing organizations were in opposition to what was perceived as the American Medical Association's interference in nursing affairs. The Association voted to withdraw its efforts in 1990. Also in 1990, the Advertising Council of America launched a multimillion-dollar campaign to provide a more accurate image of nurses and nursing that would attract new persons into the profession (Fagin, 1990).

Health care reform was one of the principal issues in the 1992 presidential campaign and continued to be one of the most discussed issues in government at the time of this writing. President Clinton's plan, the American Health Security Act of 1993, was proposed to guarantee every American comprehensive health benefits and to control health care costs (Selecting One Health Care Reform Plan, 1994).

Representatives from more than 60 nursing organizations met in Chicago in August, 1993, for an initial "Nursing Summit." Nursing was united on many of the health care reform issues that affected both clinical, hands-on, care-giving nurses, and the patients they served. "Nursing's Agenda for Health Care Reform" was used as a background document, which focused on primary care, prevention, and community outreach. It stressed the increased use of advanced practice nurses. The Chicago summit produced several key criteria which the nursing organizations used as reference points when they analyzed the President's Health Care Reform Plan and other proposed plans (Sharp, 1994).

The American Nurses' Association and the Nursing Organization Liaison Forum met with representatives of 30 nursing organizations in Washington, D.C. on May 9, 1994. The nursing profession's primary message regarding health care reform was:

Nursing's job is to emphasize quality care. Nobody wants universal access to a poor-quality system. Universal access must also include coverage for quality preventive, primary, acute and community services, and RNs must emphasize that they can make access affordable, available, acceptable, and accountable. Nurses must promote a reformed health care system that allows the appropriate provider to deliver care in the appropriate setting at the correct time and for a reasonable cost (Nurses Remain United, 1994).

After months of debate and the proposal of numerous other plans, the President's health care plan was officially declared dead September 26, 1994. The President vowed to continue with his mission to cover every American and to control health care costs (Health Reform, 1994).

Nebraska Nursing

The Nebraska Hospital Association indicated a need for 505 additional nurses for the state in early 1981. Of 11,309 RNs in Nebraska, 8,882 were working in January, 1980, according to the State Board of Nursing. The average hourly wage for nurses statewide was \$6.58 (505 Nurses Needed, 1981).

The Nebraska Nurses' Association celebrated its seventy-fifth anniversary in 1981. The expanded role of the nurse anesthetist was added to the Nurse Practice Act. The Continuing Education Approval Recognition Program had approved a total of 3,725 offerings, 5 agency programs, and 245 subsequent approval offerings (Trott, et al., 1981).

In 1983, Regulations Governing the Approval of Programs of Professional Nursing in Nebraska were changed relative to requirements of schools of nursing instructors:

007.01A There shall be a minimum of one qualified registered nurse instructor to give direct instruction in each of the following areas: Medical-Surgical Nursing, Maternal-Child Nursing, Psychiatric-Mental Health Nursing, and all other nursing courses of the curriculum, and in the baccalaureate program in Community Health Nursing. A qualified registered nurse instructor is a faculty member who has a master's degree in nursing or field related to area of responsibility and has at least one year of nursing practice experience and one year of teaching in a program of nursing.

007.01E Registered nurse faculty in all nursing programs shall have or be working towards a master's degree in nursing or field related to area of responsibility. Those not now meeting this specification shall show yearly academic progress toward meeting degree requirements. Those without a master's degree shall function as an assistant to a qualified instructor (State of Nebraska, 1983).

The 1989 State of Nebraska Regulations relating to Approval of Programs of Professional Nursing in Nebraska put the educational requirements in stronger terms:

007.06 Each registered nurse faculty member must have a master's degree in nursing, or show yearly academic progress toward meeting degree requirements, and a

minimum of one year of nursing practice experience. Faculty members will have nursing practice experience in their designated area of responsibility (State of Nebraska, 1989).

The 1993 State of Nebraska Regulations were the same as above with the addition, "Each registered nurse faculty must complete the required master's degree within six years of being appointed to the faculty" (State of Nebraska, 1993).

In 1988, Nebraska ranked thirty-sixth of the fifty states in National Council of Licensure Examinations (NCLEX) for Registered Nurses (Minutes of the State Board of Nursing Meeting, 1988). On February 20, 1990, the two-year RN license renewal was raised to \$35 (Minutes of the State Board of Nursing Meeting, February 1990).

On April 1, 1994, the National Council of Licensure Examinations for Registered Nurses and Practical Vocational Nurses changed from the standard paper-and-pencil, twice-a-year administration to year-round testing via computerized adaptive testing (CAT) in every state and U.S. territory. The NCLEX administered CAT used standard multiple-choice questions. The Educational Testing Service, in partnership with Sylvan Learning Systems, provided CAT service for the National Council of State Boards of Nursing. After April 1, 1994, candidates were no longer issued temporary permits to practice; if they had registered with the testing service, they were issued an authorization to test within 24 hours of being made eligible by the Board of Nursing. Results of the examination were electronically submitted to the Board of Nursing within 48 hours of the test and in writing within three to seven days of the test. The Board of Nursing notified the candidate of the results within 10 days (Exstrom, 1994).

In August, 1994, there were 2,915 RN nursing students in Nebraska, 375 of whom were BSN completion students. There were 170 LPNs who were full-time students in RN programs, and 957 part-time students in nursing programs. In 1993, graduates in RN programs totaled 829 (State of Nebraska, 1994).



Bryan Memorial Hospital in the 1980s.

Bryan Memorial Hospital

Bryan affiliated with the Voluntary Hospitals of America (VHA) in 1985; the VHA comprised a network of 750 hospitals and one-fourth of all U.S. physicians, offering management services in a variety of areas. VHA hospitals had to be financially stable and be governed by trustees from the local community (Bryan Memorial Hospital, 1987).

To meet the changing environment, the corporate structure of the Hospital was reorganized in 1985. Bryan Health Center, Inc., a non-profit corporation, was created. It served as the parent corporation that controlled the activities of Bryan Memorial Hospital and Bryan Memorial Hospital Foundation. The Foundation was responsible for developing voluntary financial support for the Hospital. Bryan Enterprises, Inc. was also established during the reorganization process. This entity was concerned with for-profit ventures related to the health profession (Bryan Memorial Hospital, 1987).

In 1987, it was written, "For sixty years Bryan's history has been one of medical and physical change." No one can dispute that fact when perusing Bryan's past. At that time, the Hospital had 1,400 employees, 350 physicians on the medical staff, and 250 volunteers; the School of Nursing had graduated over 2,000 RNs. Bryan led all Lincoln hospitals in overall admissions and continued to do so. From 1926 to 1987, over one million patients had been served at Bryan Hospital; 10,000 inpatients and 35,000 outpatients were treated annually in the 1980s. By 1987, twelve heart transplants had been performed; 150 pacemakers were implanted annually; and 550 heart surgeries and 1,400 heart catheterizations had been performed each year (Bryan Memorial Hospital, 1987).

55-PLUS began at Bryan Hospital on April 10, 1988, and as of April 10, 1996, membership had swelled to 33,100. The mission of 55-PLUS was:

...to interpret Bryan Memorial Hospital's commitment to meeting the needs and requirements of customers over age 55, to provide a high-touch program that promotes opportunities to include financial counseling, education, socialization, resource assistance, public relations, and a market that recognizes the needs of the customer; to enhance the quality of life for the 55-PLUS membership by promoting wellness and positive aging; and to maintain its position in the region as a leader in delivery of service for the aging population.

Membership entitles individuals to educational seminars, travel opportunities, newsletter, discounts, transportation to the hospital, advance registration, guest meals, assistance with insurance filing, interest free payment plans, Lifeline, cholesterol screening, and blood pressure testing (Bryan Memorial Hospital, 1194a & 1194b).

Problems filling nursing positions caused concern for all three hospitals in 1988. The shortage prompted the three hospitals to add incentives, ranging from higher wages to better benefits in order to recruit new nurses and keep existing ones on staff. The number of applicants for each job dropped over the previous two years at Bryan. Bryan had jobs open for 15 RNs and one LPN in early 1988 (Stoddard, 1988).

During the nursing shortage, Bryan offered referral bonuses of up to \$2,000; full-time pay and benefits for working three 12-hour shifts a week; retention bonuses of up to \$2,000 a year; time-and-a-half pay for nurses who agreed to week-end only schedules; and bonuses for certain on-call work. The incentives resulted in an improvement in the hospital's nursing shortage (Hospitals Becoming More Creative, 1990).

In January, 1991, Bryan Hospital began employee orientation for FOCUS Charting based on Gordon's Functional Health Patterns and the nursing process. In December, 1991, the new charting was initiated on med-surg areas and continued throughout the hospital until June, 1992, when all areas had been oriented. FOCUS charting is based on the premise that routine observations and treatments can be fully documented with the use of flow records. Many routine care activities are basic to care and do not require a nurses' note, unless for some clinical reason these activities are a specific "focus" of nursing care activities. The FOCUS note is based on the question, "What was the focus of my nursing care for this shift?" A focus note can be based on a significant event in care, a symptom, or a nursing diagnosis (Barnason, 1994; Bryan Memorial Hospital, 1990). FOCUS charting effectively brings the focus of care back to the patient and patient concerns. This method is accomplished in the choice of "focus" over "problem" and in the identification of "patient care notes" instead of "nursing notes" (Egglund & Heinemann, 1994).

In 1992, thirty nurses and managers on the Nursing Standards Council developed a framework of standards (targets that are set to meet patient care needs) needed for special types of patients. This framework defined types of care provided to patients and the expected results and were called "standards of care" or "standards of practice" (targets that described the anticipated clinical outcome). The Council identified five "primary standards" (universal standards used on all patients), which defined universal outcomes and guaranteed nursing actions and "population-specific standards" (beyond universal patient needs and conditions related to medical diagnoses), which applied to patients who had a special care need (New Standards Help Meet Patients' Expectations, 1993).

A new patient care delivery system, Patient-Centered, Family-Focused Care, was implemented as construction was completed on two new units (6S, Neuro and 5S, Med-Surg) in late January, 1993. The system redesigned patient care so that hospital systems, resources, and personnel were organized around patients rather than around various specialized departments. It included the decentralization of services into a team approach. Nurses, physicians, therapists, and technicians worked together to provide the most effective and efficient care. Care could be supplied by the same people, providing more consistency and development of a relationship between patients and staff that reduced the complexity and anxieties of the patient and enhanced the healing process (Patient-Centered, Family-Focused Care, 1993).

At the same time the Patient-Centered, Family Focused Care model of care was implemented, a new work role on the unit team was created, the Coordinated Care Manager (CCM). Each CCM was responsible for a caseload of 10 to 12 patients, working closely with physicians to determine outcome goals and medical objectives. The CCM charted these goals and objectives on a Care Map that delineated a day-by-day plan of care, any special treatments, and significant milestones to anticipate on the patient's journey toward dismissal. During team conferences, the CCM was able to direct individual team members and keep everyone informed of each patient's progress. The CCM worked closely with patients and families, offered support, and addressed any special concerns or needs (A New Role: Coordinated Care Manager, 1993).

Bryan Expansion Projects

In early 1980, the Board of Trustees approved a \$40 million dollar expansion program. Two years later, construction began on the largest expansion program in Bryan's history. The expansion was done in two phases. The first phase included a new power plant and an addition to the School of Nursing. The second phase included demolition of the north wing of the

Hospital built in 1930 and the completion of the major construction on the main Hospital. Additions were made on all sides of the Hospital building (Bryan Hospital Expansion, 1981; Bryan Memorial Hospital, 1987).

Construction in the basement level of the Hospital included a new area for a loading dock, shipping and receiving, purchasing, central service, warehouse, print shop, and maintenance shop. New administrative offices, admitting and dismissal, and a new conference center were constructed on the ground level. New areas on the first level included nearly all diagnostic and treatment services: radiology, cardiology, GI, respiratory, ICU-CCU, emergency department, physical therapy, and additional space for surgery, laboratory, and anesthesia (Bryan Hospital Expansion, 1981).

A 7,000 square foot addition was constructed on the south side of the School of Nursing lobby and was called the "Center of Health Education." Cardiac Rehabilitation was located in the new structure. The addition also included faculty offices, classrooms, and storage rooms. The original School of Nursing building was not designed to accommodate the current number of students, which resulted in overcrowded conditions (Bryan Hospital Expansion, 1981).

In January 1984, the State of Nebraska recommended approval of an additional \$2.7 million for Bryan's expansion and renovation program. A new \$745,000 telephone system, a \$684,000 cardiac catheterization laboratory, and a \$900,000 special procedures laboratory were included; an additional \$361,000 was spent on construction (OK Recommended for Bryan Expansion, 1984). The expansion project was completed in the spring of 1989. The project took seven years, cost \$58 million, and added 195,000 square feet of space to the Hospital. The project did not affect patient areas, some of which had not been renovated in 25 years (Bryan Announces, 1989).

Bryan Memorial Hospital once again announced plans for a \$45.2 million expansion and renovation project on September 29, 1989. This project included: adding floors to two existing wings; renovating existing inpatient care areas; building a new outpatient care center; building a physician's office building; and constructing two multi-level parking garages. The project would add 294,867 square feet of space to the Hospital and involve renovation of 72,038 feet of existing space. No new beds were to be added to the Hospital's bed capacity; however, the Hospital would be able to use all of the 344 licensed beds which had been converted to office and storage space over the years. The project was to be financed through Hospital fund reserves of \$27.2 million and through an \$18 million dollar bond issue (Bryan Announces Major Expansion, 1989).

The \$45.2 million expansion plan was unanimously approved by the City Council on January 15, 1990 (Bryan's \$45 Million Expansion Plan, 1990). On August 29, 1990, Bryan filed an application for state approval of \$23.2 million for the first phase of its proposed expansion and renovation project. The application covered the inpatient portions of the \$45.2 million building project: a four-story addition to the Hospital's north tower, a two-story addition to the south tower, renovation of existing inpatient areas, expansion of the energy plant, replacement of the cooling towers, and new elevators (Bryan Seeks Approval, 1990).

Bryan received state approval for the first phase of the expansion project after modifying it and reducing the cost by \$3.4 million; the construction of the south tower was eliminated. The amount approved was reduced to \$19.8 million, because Bryan failed to justify the need to retain 344 beds for which the hospital was licensed (Bryan Hospital Expansion, 1990).

On February 11, 1992, the state approved the second half of Bryan's expansion project, with the exception of two of the four operating rooms the Hospital proposed. This brought the project from \$40.2 to \$39.5 million. The Hospital won approval in December, 1991, to spend up to \$24.5 million on a revised version of the first phase (the inpatient areas) of its project. The

revised cost of the second phase cut the cost of the total expansion project to \$64 million. The second phase included: a two-story outpatient care center; an outpatient surgery center; a five-story medical office building; and a parking garage with 783 parking spaces (Bryan Gets OK for Outpatient Expansion, 1992).



Bryan Memorial Hospital Campus in the 1990s including the outpatient area, the medical office building, and the parking garage.

On Saturday, September 10, 1994, Bryan hosted a gala grand opening with a ribbon cutting ceremony and tours of the Plaza, Fairview, the School of Nursing, and the new and renovated areas of the Hospital. The Plaza housed clinical areas, a pharmacy, Bryan Home Medical Services, Bryan 55-PLUS, Bryan Volunteer Services, the Outpatient Surgery Center, Plaza Cafe, and Bryan Conference Center. There were several activities for children, lectures, a display of

Bryan's Mobile Service and Emergency Vehicles, a Wellness Fair, drawings for free prizes, and free food (You're Invited to Bryan's Grand Opening, 1994).



Plaza grand opening on September 10, 1994.

Fairview Restoration

The future of Fairview caused considerable concern in 1991. "Expansions of the Bryan Hospital facility have gradually encroached on the Fairview structure and the state of Bryan, which stands on the grounds of this historic home. Pieces of our history are falling into the shadows or slipping away." Mention was made of returning the Bryan statue to the State Capitol (Walton, 1991).

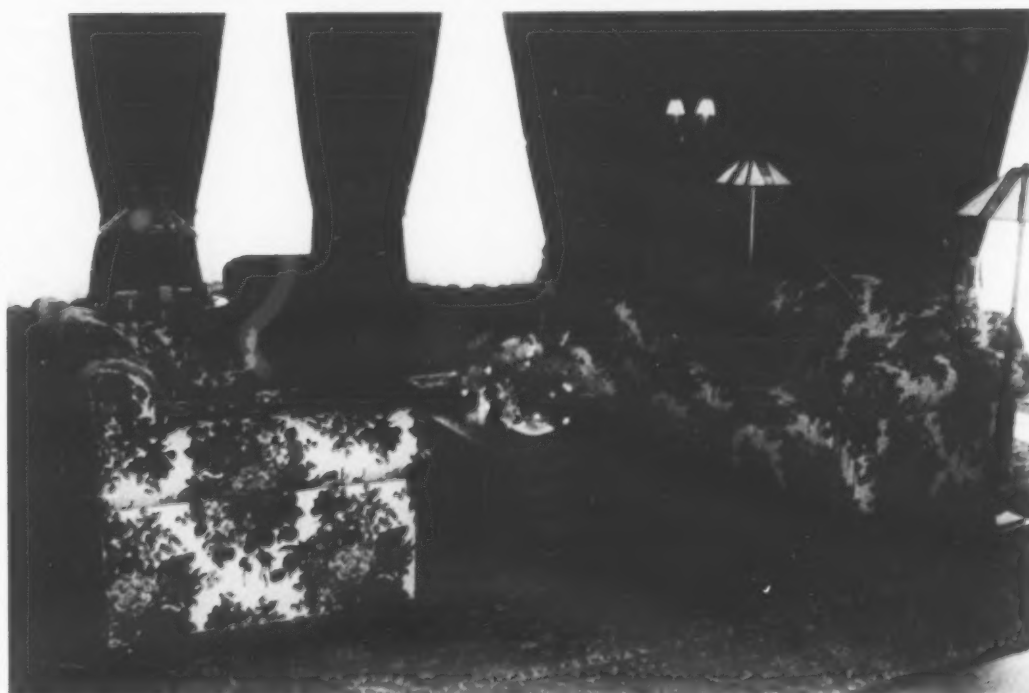
The house, which is now dwarfed by the Hospital and surrounded by other Hospital buildings, will be hemmed in even more as Bryan embarks on its latest expansion project. Today, a parking garage is being constructed next to Fairview. The front yard of the house has been dug away in order to construct a tunnel leading from the garage to the Hospital's main building (Russo, 1991).

In September, 1991, R. Lynn Wilson, Bryan President, announced plans for the restoration of Fairview. This was the result of two years of collaborative work between Bryan Memorial Hospital, the Nebraska State Historical Society, and the National Trust for Historic Preservation; completion was scheduled in 1994 (Bryan Home to be Restored, 1993). Work on Fairview began in July of 1993. Bahr, Vermeer, and Haecker Architects were in charge of the restoration, which cost Bryan Memorial Hospital approximately \$650,000 (Nebraska's Bryan Home Set for Restoration, 1992). Interior designers from Life Designs of Salt Lake City worked with the

architects to blend the charm of a bygone age with a working environment appropriate to the needs of today's institute. The grand opening of Fairview was held April 11-15, 1994, with a ribbon cutting ceremony, an open house with guided tours, receptions, breakfasts, luncheons, dinners, a portrayal of Bryan, and a conference on bioethics. Thousands of visitors toured the home (Bryan Medical Plaza, 1994; Museum Links Past and Future, 1994; Restored Fairview, 1994).



The interior of Fairview following the restoration in 1993-94.



Fairview's lower level, where the family spent most of its time, was restored as a museum depicting the Bryans' lives in the early 1900s. The dining room and Bryan's study were restored as authentic furniture of the period was obtained. A third room in the lower level housed exhibits about Bryan and Fairview's historical relationship between Bryan Memorial Hospital and Bryan School of Nursing (Museum Links Past and Future, 1994). The main level offices and conference areas served those using the Institute's Center for Quality (Center for Quality Expands TQI Role, 1994).

The Centers for Bioethics and Advanced Nursing Practice on the upper level opened early in 1995. Technological advances in health care had produced complicated ethical questions about the quality of life and prioritizing health care. The Director of the Center for Bioethics, Dr. Susan Salladay, addresses these questions with care-givers, clergy, patients, and families. The Center for Advanced Nursing Practice, whose Director is Dr. Maurita Soukup, seeks to advance and promote nursing professionals. Their functions will include such activities as annual conferences on medical-surgical nursing and quality assurance, establishment of a computerized practice lab, consultation with nurses at rural hospitals, and granting incentives and resources for nursing research (Bryan Would Relish New Role, 1994; Restored Fairview, 1994).

The Union

Bryan Hospital nurses began thinking about unionizing in January, 1981. Long-range goals were identified as: quality patient care, job satisfaction, and continuous input into the system. In April, 1981, 260 nurses were surveyed to see if they preferred unionization or "in house" methods of achieving goals. Of the Bryan employees, 48.8 percent responded. Of those responding, 72.7 percent elected unionization, and 72.8 percent of those who preferred unionization wished to be represented by the American Nurses' Association/Nebraska Nurses Association rather than by another union (Brown, 1993).

- April, 1981 - Bryan Hospital was notified by the Nebraska Nurses Association that they were investigating representing Bryan employees for the purpose of collective bargaining (Garrison, 1985).
- September, 1981 - Signatures obtained from 33 percent of the people; petitioned the National Labor Relations Board for an election (Brown, 1993).
- February, 1982 - Election was held to establish a union with 339 employees eligible to vote: yes-205 (58%), no-131 (37%). The Conscientious Alliance for Rights of Employees (CARE) was formed and represented by the Nebraska Nurses' Association. Bryan nurses organized the first health-care union in a non-profit hospital in a right-to-work state (Brown, 1993).
- September 29, 1982 - Unfair labor charges filed by the NNA: (a) bargaining unit employees were appointed as supervisors, (b) implementing a differential for ultrasound technicians providing a new service, and (c) providing an incharge rate for a staff pharmacist when the Pharmacy Supervisor is absent (Garrison, 1985).
- November 19, 1982 - First negotiation session was held with the Hospital (Brown, 1993).
- November 30, 1982 - NLRB ruled against the Union on September charges (Garrison, 1985).
- April 28, 1983 - The Hospital and Union reached an impasse (Brown, 1993).

- May, 1983 - The week of May 9, the Union began an information picket at Bryan. This was not a strike, but was done to bring the concerns of the bargaining unit to public attention (Brown, 1993; Piersol, 1983).
- May 16, 1983 - The Union broke the impasse and presented a new series of proposals to the Hospital (Brown, 1993).
- May 31, 1983 - Decertification petition filed with the NLRB by "Concerned Employees for a Better Bryan" (Garrison, 1985).
- June 20, 1983 - Bryan withdrew recognition of the Union based on a petition for decertification (Brown, 1993; Garrison, 1985).
- August 12, 1983 - Unfair labor charges were filed against Bryan for (a) unilateral change in maternity leave policy, (b) withdrawal of recognition from the Union, and (c) unilateral changes in insurance coverage (Garrison, 1985).
- September, 1984 - Unfair labor practice charges filed by Union: (a) unilateral change in maternity LOA, (b) unilateral development of a new lay-off policy, (c) harassment of Union president, and (d) filling job of Student Recruiter without posting the position (Garrison, 1985).
- December, 1984 - NLRB's Division of Judges ruled against Bryan (Garrison, 1985).
- January, 1985 - Bryan filed "exception to ruling" of December, 1984 (Garrison, 1985).
- March, 1985 - Unfair labor practice charges filed by Union: (a) unilateral change in policy concerning employee accumulation and utilization of holiday, vacation, and sick time off with pay, and (b) unilateral change in health and life insurance benefits for employees (Garrison, 1985).
- July, 1988 - First contract ratified (Brown, 1993).
- July, 1989 - Second contract ratified (Brown, 1993).
- August, 1989 - Bargaining unit signed a petition calling for a new election to see if the unit would continue to be represented by a union (Brown, 1993).
- September 1, 1989 - 59% of 461 eligible voters voted to continue the union; yes-227 and no-156. (Brown, 1993; Bryan Workers Union Defeats, 1989).
- July, 1990 - Third contract signed (Brown, 1993).
- July, 1991 - Fourth contract signed (Brown, 1993).
- December, 1992 - Two-year contract signed (Brown, 1993).
- December, 1994 - The Hospital and Union could not come to an agreement on the 36-hour work week or health insurance for bargaining unit employees; current contract ended (Brown, 1995).
- January, 1995 - Petitions were circulated in the Hospital calling for an election to decide whether or not the Union would continue to represent bargaining unit employees. Thirty percent of the bargaining unit employees signed petitions requesting an election (Brown, 1995).
- January, 1995 - A mediator from the Federal Mediation and Conciliation Service met with the two negotiating teams without resolution of outstanding issues (Brown, 1995).
- May 17-18, 1995 - Of 439 eligible voters, 130 bargaining unit employees voted to be represented by the Union and 267 voted to decertify (Wilson, 1995).

The Union affected the School of Nursing in its ability to function completely; i.e., faculty rules and regulations to formulate policies for faculty welfare, orientation, and inservice education were not possible. All policies related to working conditions were "frozen" for a period of time, which had an impact on the School (Garrison, 1985). The Union also affected the School's affiliations (some were cancelled) and stifled the academic freedom of the faculty and

administration of the School of Nursing (i.e., tuition reimbursement and educational leave policies could not be changed) (State of Nebraska, 1981-1995).



Four past directors of the School of Nursing, all of whom are Bryan graduates: Mabel Johnston, 1947-1957; Margaret Pavelka, 1960-1971; Phyllis Bovee, 1971-1982; and Elaine Garrison, 1982-1991. Bryan graduates not pictured are Mildred Domingo, 1943-1945 and Phyllis Hollamon, 1991 to the present.

Bryan School of Nursing

Ms. Bovee was Director of the School in the 1981 Annual Report to the State Board of Nursing. The Lincoln Regional Center, Tabitha, Independence Center, and St. Elizabeth Hospital were used by the School for clinical. Five coordinators were added as management personnel "to provide the faculty with supplementary guidance and counsel in order to strengthen the program." Only one full-time faculty member did not have a baccalaureate degree. A total of 260 students were enrolled in the school, the largest enrollment in its history. There were 122 new admissions, and 67 students graduated in 1981. The total cost of Bryan's program in 1981 was \$7,225 (State of Nebraska, 1981-1995).

In February, 1981, an agreement was signed allowing Bryan students to receive part of their clinical training at St. Elizabeth Community Health Center; students gained experience at another hospital with different facilities and routines. The new arrangement allowed juniors and seniors to spend two-week rotations in the obstetrics/pediatrics and medical/surgical areas. Previously, students were allowed observation privileges in the burn unit and kidney dialysis areas. The new program allowed Bryan to accept more students, and the students' exposure to another hospital was expected to enhance recruiting efforts at St. Elizabeth (Bryan, St. E's Sign Nursing Pact, 1981).

In September, 1981, Bryan School of Nursing and Nebraska Wesleyan University announced approval of a new bachelor of science nursing degree. The degree program required four years of study, the first at any accredited college or university, the second and third at Bryan, and the fourth at Wesleyan. Bryan graduates were qualified to write the licensure exam and become RNs; subsequently, they had the option to go on and obtain a BSN (Bachelor of Science Nursing Degrees Approved, 1981; Three Plus One Program, 1981).

The 1982 Annual Report gave Ms. Elaine Garrison as Director of the School and Ms. Bovee as Vice President of the Hospital. There were 186 students in the school; 127 students were admitted and 71 graduated. Bryan students were sent to St. Elizabeth Hospital for clinical experiences in eight different areas. There were 48 faculty members and administrators listed in the report. The tuition reimbursement remained at 75 percent for those faculty taking college courses (State of Nebraska, 1981-1995).

A grade of "C" or above was required in courses on an official college transcript before a student was eligible to enter the School of Nursing. Points on each behavior card for clinical were awarded according to the following Levels of Performance:

- (1) The student consistently achieves the objective--4 points.
- (2) The student demonstrates the objective with occasional guidance of the instructor--3 points.
- (3) The student demonstrates the objective under the guidance of the instructor--2 points
- (4) The student is not able to demonstrate the objective--0 points.

The clinical grade was determined by averaging the points for each card separately, averaging the point averages of all cards, and converting the points to a grade number according to a Point Conversion Table (State of Nebraska, 1981-1995).

Construction began at the School of Nursing in June, 1982, which added 6,700 square feet of classroom and office space and 7,000 square feet of remodeled offices and classrooms. The addition north of the School was the first major construction project since the building was completed in 1961. The addition included one small classroom, one large classroom that could be divided into two, and a large open area, partitioned into offices for faculty members. The remodeling included a connecting corridor to the new section and remodeling existing classrooms, office, and the library (School Sports New Addition, 1983).

Ms. Elaine Garrison was Director of the School in the 1983 Annual Report. There was a total of 166 students in the school; 92 students were admitted and 80 graduated. A survey visit by the State Board of Nursing was completed in November, 1983. Forty-seven faculty members were listed. Twelve had completed their master's degrees, 16 were enrolled in master's programs, and six had not submitted a plan. Madonna Professional Care Center was listed as a clinical site. The contract with St. Elizabeth was canceled in May, 1983, by agency request (State of Nebraska, 1981-1995).

The School of Nursing was visited on October 11-14, 1983, by NLN representatives for the purpose of accreditation. Mention was made of the master's degree requirement for faculty in this report and was listed as an "area of concern." Strengths mentioned were community resources that maximized clinical experiences, the variety and scope of inservices for faculty, and the open and direct communication between instructors and nursing service personnel (National League for Nursing, 1983). The School of Nursing received a full eight-year accreditation with no warnings. Numerous recommendations were cited, several having to do with the inability of the School of Nursing to function adequately with the inception of the Union in 1982 (Burkart, 1984).



Bryan School of Nursing in the 1980s following the addition of the Center for Health Education (CHE) and the Bryan Motel.

The 1984 Annual Report reflected Ms. Garrison as Director and 140 students in the school; 68 students were admitted and 89 graduated. There were five admission dates in 1984; 34 faculty members were employed that year. The number of faculty had been increased to accommodate the overlap of the two curriculum plans. After June, 1984, the number of faculty was reduced from 47 to 33, which provided adequate coverage. Class size ranged from 8 to 20 for the five entry dates in 1984. A new leave of absence policy was developed at the suggestion of the Board of Nursing (State of Nebraska, 1981-1995).

The 1985 Annual Report, with Ms. Garrison as Director, listed jobs for students available through the School of Nursing: babysitting and switchboard operator. The number of graduates ranged from 5 to 30 for each of the five classes admitted. There were 108 students in the school and 32 faculty members. Fourteen of the faculty members had completed their master's degrees, and ten were enrolled in a master's program (State of Nebraska, 1981-1995).

Ms. Garrison continued as Director in the 1986 Annual Report to the Board of Nursing. There were 32 faculty members as of December, 1986, fourteen of whom had completed master's degrees. Nine faculty members were enrolled in master's programs. The required college hours for students entering Bryan were increased from 28 to 31 semester hours. There was a total of 103 students in the school. The five graduating classes ranged from 5 to 21 students (State of Nebraska, 1981-1995).



Bryan student uniform worn from 1984 to 1989.

The 1987 Annual Report, with Ms. Garrison as Director of the School and R. Lynn Wilson as President of the Hospital, listed 32 faculty members. There were 100 students in the School; 56 students graduated in five graduation ceremonies. Lincoln General's psychiatric unit was utilized for Nursing Course 113, Psych (State of Nebraska, 1981-1995).

The 1988 Annual Report reflected a title change from Coordinator to Curriculum Manager; however, job descriptions did not change. The position of Faculty Development Facilitator was deleted and duties added to the Curriculum Managers' positions. The Curriculum Managers were reduced to four. Ms. Garrison continued as School of Nursing Director. Thirty faculty members and 66 students were listed in the 1988 Annual Report. Seventy-five students graduated on four different dates (State of Nebraska, 1981-1995).

Ms. Garrison was the School's Director in 1989. There were 24 faculty members and administrators at the School of Nursing, all of whom held master's degrees or were currently enrolled in master's programs including the Director of the School. Anticipated changes in administrative control were mentioned due to State Board of Nursing Regulations 007.04 and 007.05 stating that "the director and assistant director of the program shall have a minimum of a master's degree in nursing." A total of 74 students were enrolled, and three classes of 10, 15, and 16 students graduated in 1989 (State of Nebraska, 1981-1995).



Uniform worn by Bryan students from 1989 to the present.

The 1990 Annual Report listed Ms. Garrison as Director and Michael Bleich as Vice President, Nursing Service. The report listed 25 faculty and administrative members. There were 94 students enrolled and 34 students graduated throughout the year. In 1990, an alcohol and drug abuse policy and procedure, policies on professional conduct, and a smoking policy was added to the Student Manual. In June, 1990, students living in the dormitory at the School of Nursing were relocated into houses on the Bryan campus (State of Nebraska, 1981-1995). In December, 1990, Holmes Lake Manor was approved by the State Board of Nursing as a clinical site for students (Minutes of the State Board of Nursing Meeting, 1990, September).

The 1990 Annual Report commented that the Assistant Director of the School was out of compliance with State regulations relative to master's in nursing preparation. A new position, Academic Dean, was developed to focus on curriculum development and faculty growth. Plans were made to hire several master's prepared clinical nurse specialists (CNS) for joint appointments between the Hospital and the School. A psychiatric mental-health position was vacant on faculty, and the School of Nursing was put on warning by the State Board of Nursing for this deficiency on October 26, 1990 (State of Nebraska, 1981-1995).

The 1991 Annual Report stated that Ms. Phyllis Hollamon was appointed to the position of Acting Administrative Director of the School of Nursing on December 5, 1991. The position of Assistant Administrative Director was eliminated. Ms. Garrison retired June 1, 1991. Mr. Bleich was Vice President, Nursing. Eighty-six students were enrolled, and a total of 54 students graduated. Tabitha was not currently used for clinical; the School utilized Holmes Lake Manor for student experiences (State of Nebraska 1981-1995).

There were 30 faculty/administrators at the School in 1991, including seven CNSs. The concept of joint appointment on faculty was first initiated in January, 1991. Seven of the nine part-time faculty served in joint appointments and functioned in the instructor job description while at the School. As part-time faculty members, they were members of the Faculty Committee, school evaluation subgroup, and appropriate course and level subgroups (State of Nebraska, 1981-1995).

Ms. Hollamon was reported as Acting Administrative Director in the 1992 Annual Report. Twenty-nine faculty and administrators were listed. There were 111 students enrolled and 64 graduated in five ceremonies. Clinical grading was changed to: S-satisfactory performance; U-unsatisfactory performance; NO-no opportunity; NA-not applicable; and NI-needs improvement. A section on campus security was added to the Student Policy Handbook. In December, 1992, Lincoln General Hospital was approved as a clinical site for Nursing Course 212, Emergency and Critical Care Nursing (State of Nebraska, 1981-1995).

The Bylaws of the Faculty Organization were approved in October, 1992, to reduce the number of standing committees from seven to four. The Bylaws designated three categories of membership: Active member--a full-time or part-time employee whose primary responsibility was administration or teaching with the School of Nursing; Associate Member--an individual who contributed to the total school program in some manner other than that defined under Active member; and Adjunct member--a professional individual who contributed his or her expertise in the classroom or clinical setting by invitation of the faculty on a regular basis. The report told of the implementation of twice a year admission of students as well as a revised curriculum (State of Nebraska, 1981-1995).

The Acting Administrative Director in the 1993 Annual Report was Ms. Hollamon. There were 122 students enrolled and 52 students graduated in three graduations. The School expanded clinical sites to allow for an observational rural health experience. The new curriculum, outlined in the next section, was implemented in August, 1993. The grading system for theory and clinical remained the same for those students in the old curriculum. For those who began the program in the new curriculum, the grading system was changed slightly.

Grades	Letter Grade	Points
100-90	A	4.0
89-85	B+	3.5
84-80	B	3.0
79-75	C+	2.5
74-70	C	2.0
69-00	Failing	0.0

Grades for clinical in the new curriculum were: E-exceeded expectations; M-met expectations; P-partially met expectations; and U-unsatisfactory (State of Nebraska, 1981-1995).

In August, 1993, the School began admitting students twice a year, in August and January. The August date coincided with the curriculum change. The plan was to admit thirty generic

students twice a year. Beginning in January, 1994, ten advanced placement students were admitted twice a year. There were twenty-three faculty members with four of the CNSs no longer included as Associated members. Management functions were reorganized in February, 1993, which eliminated the titles of Academic Dean and Curriculum Manager. The title of Academic Dean was changed to Dean of Faculty. A new position, Dean of Students, was created to manage designated student issues, as well as to supervise the student recruiter and faculty in several courses. The organizational restructuring was approved by the Board of Nursing in March, 1993 (State of Nebraska, 1981-1995).

The 1994 Annual Report, with Ms. Hollamon as Acting Administrative Director and Mr. Bleich as Vice President of Patient Care Services, listed 21 administrators and instructors. There were five faculty completing master's degrees in nursing. One hundred one students were enrolled in the School. Students were required to have a CPR certification prior to entering Nursing 102 and for maintaining certification throughout the program (State of Nebraska, 1981-1995).

During 1994, clinical sites added included Lancaster Manor for Nursing 202: Perspectives of Gerontological Nursing, and the Veterans Administration Medical Center for Nursing 212: Emergency and Critical Care Nursing. From August, 1993, when the curriculum was revised, until December, 1994, two curriculums were in place. The last class of the former curriculum graduated in December, 1994 (State of Nebraska, 1981-1995).

The 1995 Annual Report documented that Ms. Hollamon was made Director of the School of Nursing in August, 1995. Mr. Bleich continued as Vice President of Patient Care Services; 499 individuals volunteered in various areas throughout the Bryan health care system. There were 20 faculty members and administrators listed; one instructor completed a PhD in December, 1994; three faculty were enrolled in doctoral programs, and two faculty were completing master's in nursing degrees (State of Nebraska, 1981-1995).

There were 109 students enrolled (55 graduated) in 1995. The first class of the revised curriculum graduated in July, 1995. The total cost for two years at Bryan was \$11,015 plus the cost of uniforms and books. In August, 1995, a grade of 75% was required in all nursing courses; the previous requirement was 70%. Theory and clinical grading remained the same. The leave of absence policy was more clearly defined in 1995: "The length of time granted for the leave of absence will be determined by the Students Committee by considering student request, what is educationally sound, and the need to complete the program in the required time frame: 3 calendar years for Basic nursing students and 18 months for Advanced Placement students" (State of Nebraska, 1981-1995).

Beginning January 16, 1995, the "Rural Health Preceptor Practicum" was initiated in Nursing 301: Perspectives of Advanced Care: Delivery and Management. The students spent 96 hours with a preceptor in a rural hospital and began utilizing rural community hospitals for clinical experience. The twelve hospitals that participated in this experience were:

Memorial Hospital
Beatrice Community Hospital
Litzenberg Memorial Hospital
Crete Municipal Hospital
Butler County Hospital
Jefferson County Hospital
St. Mary's Hospital
Pawnee County Hospital
Memorial Hospital

Aurora
Beatrice
Central City
Crete
David City
Fairbury
Nebraska City
Pawnee City
Seward

Community Memorial Hospital
Saunders County Hospital
York General Hospital
(State of Nebraska, 1981-1995)

Syracuse
Wahoo
York

In May, 1995, the School of Nursing Library moved from its original location into the former multi-purpose room or gym of the School. The Hospital Medical Library and School of Nursing Library merged into these quarters. The School of Nurse Anesthesia moved into the space previously occupied by the School of Nursing Library. The Library contained more than 5,500 book titles, over 250 journal titles, and in excess of 250 different videotapes (Echols, 1996).

A sequence change beginning in January, 1996, was approved; Nursing 302: Perspectives of Emergency and Critical Care Nursing preceded Nursing 301: Perspectives of Advanced Care, Delivery and Management (State of Nebraska, 1981-1995).

Curriculum Changes

In June, 1982, the School curriculum was changed, so that students could enter the program and graduate at five different times a year (Lincoln Doctor Studies Nursing, 1983). All of the courses were nine weeks in length and taught two to five times within the calendar year. The new curriculum was outlined in three levels:

- | | |
|-----------|--|
| LEVEL I | Course 11 Introduction to Nursing Concepts and Practice
Course 12 Nursing of the Adult Patient with Common Medical-Surgical Conditions |
| LEVEL II | Course 111 Nursing of the Adult Patient with Selected Medical-Surgical Conditions
Course 112 Perioperative Nursing: Concepts and Practice
Course 113 Mental Health Nursing: Concepts and Practice
Course 114 Maternal Child Nursing |
| LEVEL III | Course 211 Advanced Concepts in Nursing
Course 212 Emergency and Critical Care Nursing
Course 213 Family Health Nursing
Course 214 Nursing Management and Perspectives of Professional Practice
(State of Nebraska, 1981-1995) |

A revised curriculum plan was approved by the State Board of Nursing on April 15, 1993:

- | | |
|-------------|---|
| Nursing 101 | Physical Assessment, Pharmacology, and Pathophysiology was approved by the State Board of Nursing on April 15, 1993, and implemented August 23, 1993. |
| Nursing 102 | Perspectives of Medical-Surgical Nursing was approved by the State Board of Nursing on July 15, 1993, and implemented October 25, 1993. |
| Nursing 201 | Perspectives of Psychiatric Nursing was approved by the State Board of Nursing on November 18, 1993, and implemented March 21, 1994. |
| Nursing 202 | Perspectives of Gerontological Nursing was approved by the State Board of Nursing on November 18, 1993, and implemented June 20, 1994. |

Nursing 203	Perspectives of Family Health Nursing was approved by the State Board of Nursing on November 18, 1993, and implemented August 22, 1994.
Nursing 204	Licensed Practical Nurse Advanced Placement was approved by the State Board of Nursing on July 14, 1994, and implemented October 24, 1994.
Nursing 301	Perspectives of Advanced Care: Delivery and Management was approved by the State Board of Nursing on July 14, 1994, and was implemented January 16, 1995.
Nursing 302	Perspectives of Emergency and Critical Care Nursing was approved by the State Board of Nursing on July 14, 1994, and implemented May 22, 1995 (State of Nebraska, 1981-1995).

The Capping Ceremony

Capping ceremonies began with the first class at Bryan. The name was changed to "Recognition Ceremony" when males entered Bryan in the early 1960s and received nursing pins. In July, 1981, the Hospital changed its dress code to "caps are optional." On June 2, 1983, twenty-four students from the January and April, 1985, classes were the last to have a capping ceremony at the School of Nursing. Many factors led to the decision to end the tradition. In the past, capping signaled the end of the probationary period. The capping of a student demonstrated the faculty's confidence that the student nurse would become a competent RN. At one time, it was a symbol of achievement; however, the ceremony no longer carried the sense of achievement it once did. Because of the new curriculum and the possibility of five classes per year, capping had to take place more frequently increasing the cost of the tradition (Two 1983 Classes Receive Caps, 1983).

On March 26, 1993, Bryan's first Pinning Ceremony was held to replace the Recognition Ceremony and six others have been held since that time. The Pinning Ceremony marks the beginning of the students' last year of training. A Florence Nightingale lamp pin was presented at the first five ceremonies and was replaced in August, 1995, with the conceptual framework pin. This pin represents the five major concepts of the conceptual framework of the School of Nursing--nursing, individual, health, process, and the unifying concept of caring, essential to nursing, in the center (Youngquist, 1994).



The conceptual framework pin presented to students at their Pinning Ceremony.



A Bryan Pinning Ceremony held in 1994.

Other School of Nursing Programs

In March, 1982, a qualified licensed practical nurse could complete the required college courses with a grade average of "C" or above, achieve a score in the fortieth percentile or above on the NLN's Basics in Nursing examinations, and apply for admission to Bryan's Advanced Placement Program (LPN to RN). LPNs had the opportunity to challenge Nursing Course 11, Introduction to Nursing Concepts and Practice, and Nursing Course 101, Introduction to Medical-Surgical Nursing; OR Techs could challenge Nursing Course 301, Operating Room, thereby accelerating completion of the first level objectives (Bryan Memorial Hospital School of Nursing, 1980-1981; Bryan Memorial Hospital School of Nursing, 1982).

The first class of LPN Advanced Placement students enrolled in January, 1986. On January 9, 1986, the State Board of Nursing approved Bryan's proposal allowing LPNs to be tested on five of Bryan's nursing courses in order to validate prior learning. Graduates from an accredited LPN program in Nebraska, who had completed the required college courses, could take a "step-up" or "transition" course at Bryan to replace the first five nursing courses. Then, they would be placed in regular RN classes, finishing the program in one year instead of two. LPNs were given credit for the experience they had. Advanced Placement had five possible entry dates, so that classes ran every nine weeks rather than once a year, which allowed more

flexibility for non-traditional students who had jobs and families (Bryan Changes LPN Entrance Requirements, 1986; Bryan Memorial Hospital School of Nursing, 1991).

From January, 1986, until May, 1988, fifty-seven Advanced Placement students (five classes) had enrolled in the program. The Advanced Placement students who took the NCLEX exam in 1987 and 1988 had a higher average compared to the generic students who took the exam at the same time (Bryan Memorial Hospital School of Nursing, 1988).

The Bryan Nanny School offered three 14-week courses per year and was in existence from February, 1986, until the graduation of the last class on December 15, 1989. It was the first program of its kind in Nebraska; there were only 17 other nanny programs in the country. Fifty-eight students graduated from the program. Tuition for the total program was \$1,500, plus dormitory expense. The Bryan Nanny School, licensed by the Nebraska State Board of Education, was a Nanny Education and Training program designed to prepare graduates to work in partnership with parents to provide high quality child care. Students took 350 hours of theory, 12 seminar hours, and 128 practicum hours for a total of 490 hours (Border, 1994; Bryan Introduces a Nanny School, 1985).

The Refresher Course for RNs and LPNs was offered by the School of Nursing from August, 1987, when the first class was admitted, until March, 1990, when the last class completed the course. The Refresher Course provided a method for nurses to meet the Nebraska Bureau of Examining Board requirements to reinstate licensure. The Course required active involvement of the nurse in classroom and Skills Lab activities in order to review basic principles in nursing, learn new concepts in nursing, and to practice skills in a supervised laboratory setting. The plan allowed the nurse to explore changes in nursing practice and assist in re-entry into the work force as an RN or LPN. The Refresher Course was scheduled 13 times and was taken by nurses in Lincoln and 23 surrounding towns. Forty-four nurses completed the course and received a Certificate of Completion. The cost of the program was \$300 (Exstrom, 1988; Bryan Memorial Hospital School of Nursing, 1990).

Unique Non-Traditional Students

A number of "non-traditional" students have graced the halls of Bryan School of Nursing over the years. Dr. Lee Gartner, Class of 1985, was certainly one of the most "non-traditional." A Lincoln urologist since 1957, Dr. Gartner cited several reasons for coming to Bryan. "I've been a professional student all my life and was interested in seeing what nursing was all about." As he approached retirement age, he said he did not want to stop working and saw nursing as an option for the future. "I feel that anywhere I would go in the work force with an RN degree from the U.S., I could use it" (Lincoln Doctor Studies Nursing, 1983).

Dr. Gartner took the opportunity to go to school when the School of Nursing changed to five classes a year. He took courses by using his vacation days. He met with the coordinator or instructor of each course to assess his previous training in that area and determine deficiencies. A contract was drawn up stating what lectures and clinical he needed to attend. He said that he had anticipated some negative reaction from the other students or problems "fitting in". However, both instructors and students treated him as a student nurse, as he should have been treated. Dr. Gartner said that his new training gave him a new perspective. He was astounded by the amount of responsibility and the mental and physical work involved in being a nurse. He said that becoming a nurse helped him to become a better doctor (Lincoln Doctor Studies Nursing, 1983).

Bette Chittenden, Class of 1976, was a mother of five and grandmother of four. She had thought about a career in nursing since childhood. Her daughter, Sarah Chittenden Williamson,

graduated in the Class of 1970. Mrs. Chittenden had planned to go to nurse's training after high school, but completed one year of college before marriage and a family interrupted her education. Her daughter worked at Bryan in Peds while she was in training. Ms. Chittenden said that she felt awkward the first time she worked with patients, because there was so much to remember. She drove an hour to and from Tecumseh to attend school at Bryan (Student Nurse Follows Daughter's Footsteps, 1974).

Anita Lambie, Class of July, 1995, followed her daughter, Chris Lambie Wagner, Class of January, 1992, at the School of Nursing. Ms. Lambie had always worked in accounting. After her husband died, she decided she wanted to pursue another career; she wanted to do something to help people. She prayed about it for two years, and all at once "nursing" came to her. Both her daughter and a sister, who were nurses, were satisfied in their careers, and she thought she would be, too. She had no problems and "enjoyed it all" (Lambie, 1994).

This writer was interested in nurses' training when she graduated from high school and even wrote for information from two or three nursing schools. My high school sweetheart and future husband was in the picture after high school, so I went to college for a year and took most of their business courses and eventually worked to help put him through school to a PhD. My daughter, Nancy Vontz Kubes, Class of 1977, was accepted at Bryan and lived at home during her training. I was always interested in hearing about the things she was learning.

In 1978, I found out in a call to the school that I was not too old for training, so I applied and was accepted. I started to the University for the prerequisites in 1978 and graduated from Bryan in 1981. Nearly seventeen years after starting my nursing career, a B.S., M.A., M.S.N., and a Ph.D followed. Often during this period, two or three of my four children and I were in college at the same time. In the meantime, the children married and grandchildren were born. The next older student in my class when I started at Bryan was 27; I was 45. My classmates treated me like one of them and included me in everything, even their parties! I have never been sorry I finally got to go into nursing and do what I had seriously considered so many years before.

Bryan Alumni Association

The Bryan Alumni Association has remained active since it began following graduation of the first class in 1929.

The objectives of the organization are: (1) to advance high standards of ethical and professional education among nurses, (2) to promote professional and educational advancement, (3) to administer the alumni loan funds for graduates and students of Bryan Memorial Hospital School of Nursing, and (4) to support the goals and objectives of the School of Nursing.

The Alumni Association has assisted the School of Nursing in many ways over the years. In recent years they have:

- 1) served refreshments at graduation receptions;
- 2) donated funds for the reception at Pinning Ceremonies;
- 3) assisted with other School activities;
- 4) contributed items to the School:
 - a) display for class pictures
 - b) audio-visual equipment

- c) Skills Lab equipment
- d) video camera
- e) display case for School artifacts
- f) display cases for School activities.

Recent fund raising activities have included the sale of cookbooks containing recipes submitted by Alumni members, key chains of a replica of the School pin, and note cards and prints depicting the School cap, pin, and Florence Nightingale lamp. The Association sponsors Alumni Day annually and assists with the quarterly publication of Bryan Notes (the Alumni publication) in collaboration with the School of Nursing and Public Relations at the Hospital.

In 1996, Alumni gatherings were arranged in different areas to bring Alumni together, to share information about the School, and allow Bryan graduates in the area to get acquainted (Youngquist, 1994).



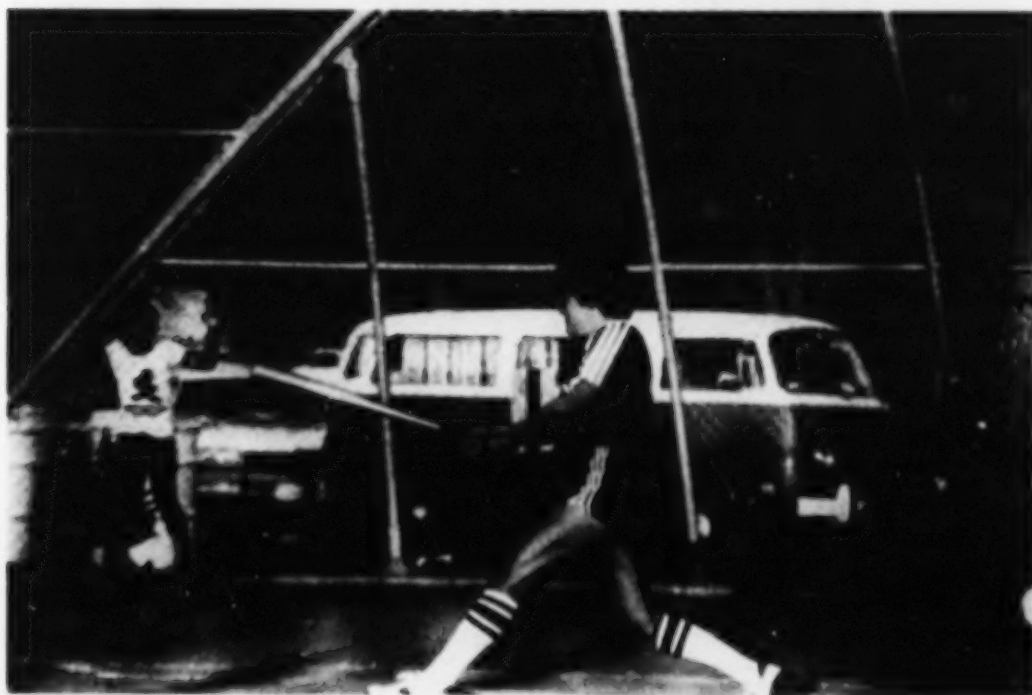
The Alumni Board with the Seventieth Anniversary cake, Alumni Day, August 1996.

In Retrospect

Patty Bednar Peters, Class of 1981, thought that her training at Bryan offered a wide range of experiences. The dorm was a "home-like" atmosphere; you really got to know people and depend on them." Men were allowed in the dorm on Sunday afternoons only. Many of the students went out as a group rather than dating. Ms. Peters believed that more supervisor/manager training would have improved the program. Nursing had changed, in her



The School and Hospital sponsored sports activities such as basketball, softball, and volleyball. The teams were often coached by faculty.



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Marlene Mullens, Class of 1981, thought the variety of realistic clinical experiences was a big advantage of training at Bryan. She cited some changes that would have been helpful: more preparation for reality shock after graduation, more instructors to supervise new skills on clinical, and grading clinical "pass/fail" rather than receiving clinical grades. She found competing with each other was a real problem, and the preparation for clinical was often too time-consuming. As with others, she found the capping ceremony more meaningful than graduation (Mullins, 1991).

Bona J. Krahn, Class of 1981, cited the advantages of Bryan's program as more direct contact with patients and the experience with actual technical procedures. She thought the School's professionalism was shaped by the continual striving to keep up standards and quality in order to meet current requirements. She mentioned the fact that nursing has become complex and technical, patients are more seriously ill, and outpatient services have increased since she graduated. There was no set time for bedtime in the dorm, but there were restrictions for staying out at night; they used a sign-out system (Krahn, 1991).

Kandi Wood Renshaw, Class of January, 1988, liked the small classes, individualized teaching, and friendliness at Bryan and thought students were able to become more in-tune with the Hospital than in larger programs. She was an LPN in the Advanced Placement Program and worked full-time during her year at Bryan. Recreation for her was "quietness at home" (Renshaw, 1991).

Ronda Arnold Swanson, Class of May, 1989, felt that being a Technical Assistant (TA) was beneficial in nurses' training and helped in finding employment when she graduated. Ms. Swanson thought the curriculum could have been improved by less busy work that was not a significant learning experience. Men were allowed in the dorm until midnight and were always to have a female escort. Dorm rules were enforced; students had to sign in and out. She saw non-traditional students as more the norm than the exception (Swanson, 1991).

Marilyn Langer Buck, Class of January, 1991, valued the personal attention and instruction by the School of Nursing instructors and the learning by doing in the Skills Lab and on clinical. She gained greater understanding of pathophysiology of a disease by relating it to actual situations. She considered the image of nursing more professional and the practice of nursing faster paced, requiring more to be done by fewer nurses (Buck, 1994).

Robin Hogan, Class of August, 1991, thought all of the hands on clinical experience she had at Bryan allowed her to feel more comfortable in the RN role after graduation. She felt her training at Bryan was superior compared to a graduate nurse from another school who oriented to Bryan with her. She was more confident and prepared because of her training. She remembered being intimidated by some physicians; however, some worked very well with the students and provided an excellent learning environment. She considered it an honor to be able to tell people she is a Bryan graduate and thought people felt confident having a "Bryan nurse" take care of them (Hogan, 1994).

Cinda Jourdon Zimmer, Class of August, 1994, found time was a problem when she was in training with a husband, home, and large family. She was busy attending children's activities and stayed on "maintenance" for household chores. In her opinion, the change to "family-centered care" helped to shape the School's professionalism. She saw her class as very diverse individually, yet they bonded and functioned as a cohort group for two years. "I am very proud of being a Bryan graduate. Bryan has an outstanding reputation for excellence" (Zimmer, 1994).

Deborah Albers Hassenfelt, Class of May, 1994, liked the small classes at Bryan, the close contact with instructors, the excellent clinical experience, and the fact that she was familiar with the hospital routine. She did feel, however, that the School experience was different from the

"real" world. As an LPN Advanced Placement student, she thought classes in OB and Peds would have been helpful. Larger classrooms, visiting other clinical sites, less paperwork, and fewer observations would have been beneficial to her. Dedication of the instructors helped to shape the School's professionalism. Graduation day was sad for her when close friends moved into their careers (Hassenfelt, 1994).

Mike Warner, Class of May, 1994, valued the increased clinical experience, a smaller school, and more personal attention he received in the Bryan program. Preparing for clinical--looking up the pathophysiology, meds, and labs as well as researching the patient's social, economical, cultural, and psychological status--was a valuable part of the learning process. He thought he had superior training, although it was somewhat deficient in nursing management. He thought the good doctors outnumbered the poor ones in their association with students. "Some of them were very helpful and tried to help you learn." He spoke of the other male student in his class, "Probably the nicest fella I've ever met, the perfect image of professionalism!" He spoke of a classmate faking a seizure in class while sitting next to him as probably the most amusing incident he remembered while he was in school (Warner, 1994).

Facts and Figures

The School of Nursing received about 20 applications per month and admitted approximately 80 students per year in 1994. The cost of the program was \$9,615 for two years at Bryan. On October 1, 1994, there were 118 students in the program (13 men and 105 women); 18.3 percent were Advanced Placement students. The average age of the students in 1994 was 27.58 years. Sixteen students were divorced, one widowed, and thirty-eight married; 112 were Caucasian and 6 non-Caucasian. Of the students in school in 1994, 99 were from Nebraska and others were from Colorado, Missouri, West Virginia, Illinois, California, Kansas, Arkansas, Florida, Iowa, New Mexico, Wyoming, Louisiana, and Nigeria (Youngquist, 1994).

By June, 1996, the School of Nursing had graduated 2,548 students since 1929; 87 males and 2,461 females. As close as can be determined, 2,433 of the Bryan graduates are still living; 115 are deceased. Bryan students had consistently scored above 90 percent in the National Licensing Exam (NCLEX) and were frequently above the State and National averages. Students of many nationalities had completed Bryan's program: African American, Asian, Hispanic, Nigerian, Native American, Cuban, and Polish. The program had been much more culturally diverse in recent years. A number of graduates went into other professions: physicians, CRNAs, morticians, lawyers, missionaries, and several PhDs with various focuses. One MD completed the program, three mothers followed daughters, quite a number of daughters followed their mothers, and one daughter followed her father to Bryan for training. Four Friesen sisters from one family and two Friesen brothers and a sister from another family, all from Henderson, Nebraska, completed the program (Youngquist, 1994).

Bryan graduates have been employed in nearly every state and in some foreign countries. They have worked in all levels of nursing and in a variety of health care settings. Bryan graduates have been well received by employers and often sought out for nursing positions. In October, 1994, nursing jobs were available in selected areas. Hospital jobs were somewhat difficult to find in Omaha and Lincoln, but the availability was much better outstate (Youngquist, 1994).

Compressed Video Teleconferencing Distance Learning

In the summer of 1995, a compressed video-system was installed in three sites on the Bryan Campus including the School of Nursing. The new system gave Bryan the ability to conduct video conferences throughout the state and the nation. Data phone lines were used to send and receive compressed video images on the PicturTel system. Several cameras and microphones allowed for two-way interaction between the classroom at Bryan and other communities that had the capability to receive the compressed video (Hollamon, 1996).

While the new system provided numerous services to hospitals and medical professionals across the state, one of the first areas where Bryan concentrated its efforts was in distance education. Many communities were visited and assessed for educational wants and needs. The survey indicated that many medical professionals were interested in continuing their education, but were unable to find a method that fit their daily schedules. In a survey of 24 counties, a number of LPNs expressed interest in continuing their education and becoming RNs through distance education. Bryan's first distance education sites were in Beatrice and Franklin (Hollamon, 1996).

Although much of the coursework to become an RN could be given through the compressed video system, students had to complete several hands-on clinical experiences. The more sophisticated clinical procedures were completed at Bryan, but the majority of the clinical work required was set up in the local hospital (Hollamon, 1996).

The Program Dilemma

In 1980, the School conducted a needs assessment to determine how many graduates since 1973 would be interested in a BSN completion program. Of the 600 Alumni surveyed, 75 percent said they would be interested. As a result, on October 2, 1980, the School of Nursing submitted a proposal to Nebraska Wesleyan University for an articulated BSN program. The proposal called for Bryan graduates to obtain a BSN without having to repeat content and experiences from previous nursing education. Bryan's administration and staff reviewed catalogs and literature and made site visits to innovative programs. Bryan wanted to retain the strengths of a hospital school of nursing and to credit prior learning through assignment of credit hours to Bryan's nursing courses. An Ad Hoc Committee representing both institutions was suggested (Bryan Memorial Hospital School of Nursing, 1980, 1991; Three Plus One Program, 1981).

The "Three Plus One Program" offered graduates of diploma schools of nursing the option of attending Wesleyan for one additional year to obtain a Bachelor of Science Degree in Nursing. The new program eliminated the problem of repeating courses. Students were required to pass state board exams, and during the fourth year they attended Wesleyan to meet core curriculum requirements and take upper division nursing classes. Wesleyan required 130 hours for the BSN Degree. The new program enhanced the professional and educational mobility of diploma graduates through a BSN Degree (Three Plus One Program, 1981).

On June 12, 1981, the Assistant Provost of NWU and the administrators of Bryan School of Nursing met with NLN officials to discuss the proposed program. One question was raised, "How were college credits determined for diploma nursing courses?" A suggestion was made that a validation mechanism be developed to define credit given for diploma nursing courses and that Wesleyan degree requirements must be met. NWU officials stated their institution would assume responsibility for the program (Nebraska Wesleyan University, 1984-1985). A Consultant from the NLN came to Lincoln on February 15, 1983, to review the program and made

suggestions to assist NWU to attain NLN accreditation. The NWU baccalaureate program for RN students admitted students for the first class in September, 1983 (Hollamon, 1994).

The 1984-1985 admission criteria for a BSN Degree at Nebraska Wesleyan included:

- admission to NWU
- a 2.0 GPA
- completed Department of Nursing application
- three letters of reference
- copy of current Nebraska nursing license
- personal interview with Department of Nursing faculty
- completion of prerequisites:

English	6 hours
Anatomy and Physiology	8 hours
Microbiology	4 hours
General Chemistry	4 hours
Introduction to Psychology	3 hours
General Sociology	3 hours
- write standardized challenge examinations ACT-PEP (Proficiency Examination Profile)
- meet all other requirements for admission into the BSN program (Nebraska Wesleyan University, 1984-1985)

Thirty hours of nursing courses were required for the BSN Degree in addition to Pathophysiology (3 hours), Statistics (3 hours), and Life Span (3 hours). The last thirty hours had to be taken at Wesleyan. The student was also required to have 12 hours of non-nursing courses. Courses were available in the evening through the WILL Program (Wesleyan Institute for Lifelong Learning) to enable working nurses from surrounding areas and those who were employed or wished to complete the program on a part-time basis to attend (Morin, 1986).

On May 19, 1986, Teresa L. Mitchell, PhD, RN, and Joanne C. King, MA, RN, of Mitchell, King and Associates submitted a report to "chart the future direction of Bryan Memorial Hospital School of Nursing." They briefly outlined retaining the existing program, 19 possible options (eight of which were options for a BSN program), divestment of nursing education program/s, an associate degree program with one or more partners, or a baccalaureate degree program with one or more partners. On July 16, 1986, they submitted a formal proposal to conduct a feasibility study, an optional evaluation section, and a design and development project at the School of Nursing. The proposal indicated that accreditability and fundability would be addressed in Phase I. Phase II would include those elements as well as marketability. On July 22, 1986, they were informed their proposal had been accepted. Mitchell, King and Associates identified five possible options for the school in their initial proposal:

- (1) A replacement program for the existing diploma program.
- (2) A program that fulfills the future perceived needs of Bryan Memorial Hospital and the communities it serves.
- (3) A program that leads to a Baccalaureate Degree in Nursing.
- (4) A single purpose institution with retention of substantial control of the nursing component.
- (5) A potential joint venture with identified selected partner/partners (Bryan Memorial Hospital School of Nursing, 1986-1989).

Mitchell, King and Associates conducted a needs assessment for a proposed program by surveying employers of RNs and nursing schools preparing RNs and by sending a letter to four-year institutions that did not offer a nursing major. A partnership with one or more of the following institutions was explored: Concordia College, Seward, Nebraska; Doane College, Crete, Nebraska; and Nebraska Wesleyan University, Lincoln, Nebraska. They wrote a philosophy, objectives, graduation requirements, and a proposed curriculum for each of the three schools; the requirements of the three schools were compared. They outlined the required courses to be taken at Bryan with a description of each individual course and a time plan for transition from a diploma to a BSN program (Bryan Memorial Hospital, 1986-1989).

At a special meeting on November 14, 1989, the Hospital's Board of Trustees Executive Committee directed the School of Nursing to withdraw the petition of degree granting status that had been filed with the Nebraska Commission for Postsecondary Education. The Committee further directed the School to continue admitting students to the Diploma Program while continuing to study other options for a baccalaureate program (State of Nebraska, 1989).

A Curriculum Transition Workgroup, consisting of Bryan administrators and faculty, Bryan Hospital personnel, and NWU staff, met on June 25, 1991, to "develop assumptions primary to transition from a Diploma to BSN Nursing Program." At that time, 85 to 90 percent of all NWU nursing students were Bryan graduates. "At present we are ready to develop a proposal for the respective Boards, so a decision can be made regarding future nursing education at the School." Two program models were considered: (1) a dual degree program between the two institutions, each contractually bound to provide components of the curriculum, or (2) Bryan School of Nursing to be subsumed by NWU. The pros and cons of each were identified, and the timeline for transition, core values leading to a new paradigm, NWU curriculum possibilities and current requirements, and overall requirements for Wesleyan's nursing program were considered (Bryan Memorial Hospital School of Nursing, 1991).

From 1991 to 1994, Bryan and Wesleyan continued to work together to establish a formal relationship between the proposed Bryan College of Nursing and NWU. A number of similar ventures between hospital-based schools and colleges were studied to assist in the formulation of a program model acceptable to both institutions (Hollamon, 1994).

A proposal for a dual-degree program was submitted to the Board of Trustees of Bryan Memorial Hospital and the Board of Governors of NWU in October, 1994, for their consideration. A formal study was approved to determine the financial and educational feasibility of a dual-degree, inter-institutional program in baccalaureate nursing (Hollamon, 1996).

In January, 1995, both Boards directed that a financial study be conducted. The firm of Arthur Andersen, LLP, was selected to conduct the study. The study was initiated in September, 1995. One aspect of the study involved an investigation of Federal reimbursement practices related to the operation of inter-collegiate, dual-degree nursing programs. Because of changes in practice and accreditation issues, the inter-collegiate model was eliminated (Hollamon, 1996).

In January 1996, the consulting team offered the following program model options:

- 1) close the School of Nursing
- 2) continue the nursing education program as a diploma program, an upper division (2-year) baccalaureate nursing program, a generic (4-year) baccalaureate program, or an associate degree program (Hollamon, 1996)

At the conclusion of the feasibility study, the Bryan Steering Committee agreed to take three options to the Board of Trustees of Bryan Memorial Hospital for their consideration. The first and most highly recommended option was to develop an upper division baccalaureate nursing

program which would require degree-granting status for an independent college of nursing. The second option for consideration was to contract the operation of a nursing education program with another established nursing program, which would result in the degree being granted by the contracting institution. The final option was to close the school (Hollamon, 1996).

The options and recommendations from the Bryan Steering Committee will be considered by the Bryan Board of Trustees in the Summer of 1996. As this process continues, Bryan School of Nursing continues to evolve with changes in nursing practice, technology, and the public's need for health care services. Health care reform, as it impacted the market for the education of health care providers, was a significant issue to be addressed as decisions regarding future relationships were made (Hollamon, 1996).

Conclusion

This historical study reinforced the importance of the nursing profession and the prestige of Bryan Memorial Hospital School of Nursing. The School has had a rich and glorious past and has gallantly taken problems in stride. Its 70 years have been truly blessed. The School's professionalism could not have been attained without its excellent leadership and the support and financial security that has been so generously provided by Bryan Memorial Hospital.

The changes that have taken place in the nursing profession and in the School since 1926 are numerous: technological advancement, the expanded role of the nurse, the focus of nursing education, improved procedures, greater autonomy, the improved image of the nurse, miracle drugs, and cures for dreaded diseases, to name but a few. Bryan Memorial Hospital School of Nursing has been affected by these changes.

In its 70 years, the School has been blessed with a modern educational facility, the latest teaching equipment, and an administration and faculty who have been dedicated to excellence in nursing education. Bryan School of Nursing graduates have consistently maintained the reputation of superior preparation in all facets of nursing.

One wonders what great things the future holds for nursing and Bryan School of Nursing. Will there be only one level of nursing practice by the year 2,000? Will fewer nurses work in hospitals? Will there continue to be periodic acute shortages of nurses? Will more nurses specialize or go on to be Nurse Practitioners, Physicians' Assistants, or CRNAs? Will the School maintain its outstanding reputation and continue to graduate well prepared, high-caliber nurses for the next 70 years?

Although the following description of nursing is more than 50 years old, it remains apropos for Bryan School of Nursing and the profession today:

Nursing has come a long way in the past centuries-- from the mere kindly neighbor's care, through the Sairy Gamp stage, to the beginning of real nursing in 1854 when Florence Nightingale began her work. Ever since that time, it has made rapid progress without any "dark days". It has entered into the social life of our people to the extent that today nursing is an indispensable essential. It has progressed through some difficult times, ever attaining higher standards and endeavoring always to keep pace with the rapid advances of medicine (Nebraska State Board of Nursing, 1940).

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Appendix A

Statistics on Nursing Programs and Schools of Nursing in Nebraska

Nursing Programs in Nebraska in 1911

School	No. of Students	Years of Course	Education Requirement	Age Requirement
Beatrice Sanitarium	4	2	High School	21
Nebraska Sanitarium	22	3	1 yr High School	20
Fremont Hospital	18	2	----	--
Kearney Public Hospital	10	2	----	--
Dr. Benjamin F. Bailey Sanitarium Company	26	2	8th Grade	20-30
Nebraska Orthopaedic Hospital	11	2	----	--
Sun Light Sanitarium	15	2	----	--
Clarkson Hospital	36	3	High School	21-30
Creighton Memorial St. Joseph's Hospital	7	2	----	--
Douglas County Hospital	14	2	----	--
Immanuel Hospital	17	3	----	--
Nebraska Methodist & Deaconess Home School for the Training of Nurses	50	3	High School	21-35
Omaha General Hospital	24	3	Common School	20
Presbyterian Hospital	22	3	----	--
Swedish Mission Hospital	16	3	Common School	21
Wise Memorial Hospital	34	3	Common School	20-35
South Omaha Hospital	8	2	8th Grade	21

(Exstrom, 1989)

Accredited Schools of Nursing in the State of Nebraska in 1935

School of Nursing	City	Year Organized
Bishop Clarkson Memorial Hospital	Omaha	1886
Nebraska Methodist Episcopal Hospital	Omaha	1891
Evangelical Covenant Hospital	Omaha	1905
St. Catherine's Hospital	Omaha	1910
Mary Lanning Memorial Hospital	Hastings	1915
St. Joseph's Creighton Memorial Hospital	Omaha	1917
University of Nebraska Hospital	Omaha	1917
St. Elizabeth's Hospital	Lincoln	1918
St. Francis Hospital	Grand Island	1920
St. Joseph's Hospital	Alliance	1920
Immanuel Hospital	Omaha	1922
Lincoln General Hospital	Lincoln	1925
West Nebraska Methodist Hospital	Scottsbluff	1925
Bryan Memorial Hospital	Lincoln	1926

(O'Connor, 1935)

Schools of Nursing in Nebraska
(Listed according to date of opening)

School of Nursing	City	Organized	Closed
Bishop Clarkson Hospital	Omaha	1888	1955
Nebraska Methodist	Omaha	1891	
Presbyterian Hospital	Omaha	1893	1924
Fremont Hospital	Fremont	1894	No record
Beatrice Sanitarium	Beatrice	1901	1930
Bailey Sanitarium	Lincoln	1902	1932
David City Hospital	David City	1901	No record
Nebraska Sanitarium	College View	1902	No record
Wise Memorial	Omaha	1902	1930
Lincoln Medical	Lincoln	1903	No record
South Omaha	Omaha	1903	No record
NE State Hospital for Insane	Lincoln	1905	1909
Omaha General	Omaha	1905	No record
Swedish Mission	Omaha	1905	1938
Orthopedic Hospital	Lincoln	1905	1931
Douglas County Hospital	Omaha	1906	No record
Lincoln Sanitarium	Lincoln	1907	1928
Morrow Hospital	Seward	1907	No record
Blue Valley Hospital	Hebron	1907	No record
Norfolk State Hospital	Norfolk	1907	No record
Wesleyan Hospital	University Place	1908	No record
Dr. Shoemaker's Hospital	Lincoln	1908	No record
Sunlight Sanitarium	Lincoln	1908	1913
Central Hospital	Omaha	1909	No record
Mennonite Hospital	Beatrice	1909	1933
Kearney Hospital	Kearney	1909	No record
Dr. Andrus Hospital	Lincoln	1909	No record
Dr. Ramey Hospital	Lincoln	1909	No record

School of Nursing	City	Organized	Closed
St. Catherine's Hospital	Omaha	1910	
Nicholas Senn Hospital	Omaha	1912	1936
Dr. Hepperlin Lutheran Hospital	Beatrice	1913	1932
Grand Island General	Grand Island	1913	No record
Esther Hospital	Lincoln	1914	No record
Nebraska Sanitarium	Lincoln	1915	No record
Lord Lister	Omaha	1915	1936
Mary Lanning Memorial	Hastings	1915	
University of Nebraska	Omaha	1917	
Norfolk General	Norfolk	1917	1926
St. Elizabeth's	Lincoln	1918	
Spencer Hospital	Spencer	1918	No record
Lynch Hospital	Fairbury	1919	No record
Ford Hospital	Omaha	1919	1923
Campbell Lutheran Hospital	Norfolk	1919	1933
St. Francis	Grand Island	1920	
St. Joseph's	Alliance	1920	1952-53
Creighton Memorial-St. Joseph's	Omaha	1920	1974
Fenger Hospital	Omaha	1921	No record
Lutheran Hospital	York	1921	No record
St. Catherine's	McCook	1921	1928
Immanuel Hospital	Omaha	1922	1976
Paxton Memorial	Omaha	1923	1927
West Nebraska General	Scottsbluff	1925	
Lincoln General	Lincoln	1925	1976
Bryan Memorial	Lincoln	1926	
Union College	Lincoln	1946	

APPENDIX B

Bryan Application and Medical Exam

APPLICATION

For Admission to

Training School for Nurses, Bryan Memorial Hospital

This paper is to be filled out in the Applicant's own handwriting and sent to the Principal of the Training School for Nurses, Bryan Memorial Hospital, Lincoln, Nebraska. If possible, Applicants must also call in person.

1. Name in full, and present address of candidate }
Nearest telegraph address }
2. Name in full, address and occupation of father, guardian, or nearest relative (state which) }
3. Are you single, engaged, married, divorced or a widow? }
4. Number of children, if any, and how provided for }
5. Age last birthday and date and place of birth }
6. Height, Weight, Nationality }
7. Are you strong and healthy and have you always been so? }
8. If in high school, how long? What other educational training have you had? What certification of education do you hold? }
9. In what occupations have you been employed? }
10. Have you been in any Training School, or employed in any Hospital or Asylum? If so, when, where, and how long in each place? }
11. How long have you been a Christian? Where in your present Church membership? }
12. The names in full and address of two persons (not relatives) to be referred to. State how long each has known you. If previously employed, one of these must be the last employer. }

I certify that the above is correct and filled out in my own handwriting.

Date July 16, 1926

Signed _____
Candidate

BEST COPY AVAILABLE

Training School for Nurses, Bryan Memorial Hospital
Lincoln, Nebraska



Examiner is assured by the hospital that this communication will be held in strict confidence. Women of sound constitution and good health only should be recommended for training; and the physician in the best interest of the applicant is requested to answer each question with care.



MEDICAL EXAMINATION—Confidential

Name _____

1. How long have you known the applicant? _____
2. Have you treated her professionally? _____ If so, for what diseases or injury? _____

3. What serious illness has she had? _____
4. If she has had a surgical operation, state nature of same _____

5. Nature of any accident or injury _____
6. Has she any deformity or malformation? _____ If so, describe _____

7. Have you examined the chest, heart and lungs? _____
8. Is there any condition of the lungs indicative of present or past disease? _____

9. Is there any family history of consumption? _____
10. Is the character of the heart's action regular and normal? _____
11. Give rate and other qualities of the pulse _____
12. Has the applicant ever suffered from any disease of the circulatory system? _____ If so, describe _____

13. What is her hemoglobin? _____
14. Is there a tendency to goitre? _____
15. Has there ever been, or is there, any disease or functional derangement of the brain or other part of the nervous system? _____ If so, state particulars _____
16. Is there any family history of mental unsoundness or suicide? _____
17. Any other hereditary disease? _____

18. Has she now, or ever had, any disease or functional derangement of the stomach, intestines, liver, spleen or the pancreas?.....If so, describe.....
.....
19. Has there been, or is there, any tendency to constipation?.....To diarrhoea?.....If so, describe.....
.....
20. Have you made an examination of the urine?.....Does it reveal any abnormal constituents?.....
.....
21. Does the condition of the eyes indicate that they should be examined by a specialist?.....
22. Has she ever worn glasses?.....
23. Is her hearing normal?.....
24. Has she any nasal obstruction or adenoids?.....
25. Is she subject to catarrh?.....
26. Has she ever had tonsillitis?.....
27. Condition of tonsils.....
28. Breath odorless or otherwise?.....
29. Has she any disease of the skin?.....
30. Has she ever had smallpox?.....Measles?.....Scarlet fever?.....Diphtheria?
.....Mumps?.....Chicken pox?.....Whooping cough?.....Erysipelas?
.....Typhoid?.....Rheumatism?.....
.....
31. Has she been successfully vaccinated?.....When?.....
32. Is the applicant now suffering or has she ever suffered from uterine or menstrual disorder?.....
.....
33. Are her periods normal and regular?.....
.....
34. Is she subject to headache?.....

BEST COPY AVAILABLE

35. What is the condition of her feet, with special reference to arches, bunions and corns? _____

36. Has she noticed any recent falling off in flesh? _____ Cause? _____

Gain in flesh? _____ Cause? _____

37. Has she any physical defect which might interfere with the work of nursing? _____

38. Do you professionally consider the applicant a suitable person physically to undertake nurse training? _____

Signature of Medical Examiner: _____

M. D.

Address: _____

Date July 29/1926

Note—When completed, please fold and mail directly to the hospital.

APPENDIX C

School of Nursing Circular

School of Nursing Circular

NOTE: Brochure outlining requirements and regulations regarding the School of Nursing. Circa 1929.

CIRCULAR OF INFORMATION

The following information is furnished to those desiring admission to the Bryan Memorial Hospital School of Nursing:

1. The course of training covers three years from date of entrance. Those wishing admission to the school should apply, preferably in person; but if this is impracticable, a written application may be forwarded to the Bryan Memorial Hospital, and upon the approval of the Superintendent of Nurses and School Committee, they will be received into the school for the four months preliminary term.

2. In order to avoid any misunderstanding on the part of the applicants, we wish to announce that the Bryan Memorial Hospital is under management of the Methodist Episcopal Church and it is essential that all employees are in sympathy with its Christian principles. Applicants for admission to the School of Nursing are expected to be in full accord with the rules, methods and work maintained by the Hospital.

3. There is no arbitrary rule as to age of applicant, but the age between 20 and 30 years is preferable. The applicant must be sound in health and free from physical deformities. A certificate from a physician certifying to the fact that the applicant is in sound health and has been vaccinated, must be sent with the application; also recommendations from two or more responsible persons.

4. A certificate from an accredited High School is required.

5. Applicants are admitted in classes spring and fall. Each student who has completed the preliminary term, satisfactorily receiving a passing grade in all subjects, will be permitted to go on with the prescribed course of nursing.

6. The fitness of students for the work and the propriety of retaining or dismissing them is determined by the Superintendent of Nurses who has charge of the school and the direction of the nurses. She can also, with the School Committee, terminate the connection of pupils with the school, after their acceptance, for misconduct or inefficiency.

7. No charges are made for tuition. Pupils are maintained at the expense of the Hospital from date of entrance. Board, room, laundry and uniforms are furnished.

8. Students are requested to bring only plain underwear that can be laundered. Silk and silk crepe underwear will not be laundered.

9. Pupils are required to wear the School uniform while on duty. The uniform must not be worn on the street.

10. The hours of duty shall be determined by the Superintendent of Nurses and shall not exceed 56 hours per week. One afternoon each week off duty for recreation and rest; also half of Sunday off duty.

11. Three weeks vacation is given each year.

12. In case of illness, pupils are cared for gratuitously for a period of not to exceed three months in the aggregate, but lost time must be made up at the end of the term. Absences are not allowed except for extreme cause.

13. All nurses are required to be honest, trustworthy, punctual, quiet, orderly, neat, and obedient to all rules. The rules of the School are such as any self-respecting, earnest Christian woman will recognize as embodying only those requirements that are fair and necessary in an institution of this kind.

14. When the full term of three years is completed and the pupils are regarded thoroughly qualified, they receive, if their conduct and examinations have been satisfactory, diplomas certifying to the fact, after which they are at liberty to choose their own field of labor.

15. The theoretical knowledge is obtained at Nebraska Wesleyan University. Credits thus earned may be applied toward the requirements of the degree Bachelor of Science. The practical experience and training is gained in the wards of the Hospital. It is the aim of the School to give the pupils the maximum theoretical and practical training and fit them for state registration.

Fifty Golden Years of Growth,
1926-1976

APPENDIX D

Graduates of Bryan Memorial Hospital School of Nursing

BRYAN MEMORIAL HOSPITAL SCHOOL OF NURSING NUMBER OF GRADUATES - TERM/TO DATE

YEAR	NO. OF GRADUATES	TO DATE	MONTH YEAR	NO. OF GRADUATES	TO DATE	MONTH YEAR	NO. OF GRADUATES	TO DATE
1929	15	15	1966	45	627	Aug 1988	26	2153
1930	3	18	1967	51	678	Oct 1988	5	2158
1931	9	27	1968	53	731	Jan 1989	10	2168
1932	12	39	1969	56	787	Mar 1989	1	2169
1933	15	54	1970	65	852	May 1989	15	2184
1934	9	63	1971	61	913	Aug 1989	18	2202
1935	7	70	1972	66	979	Oct 1989	2	2204
1936	9	79	1973	64	1043	Jan 1990	14	2218
1937	8	87	1974	78	1121	Mar 1990	1	2219
1938	11	98	1975	78	1199	May 1990	6	2225
1939	15	113	1976	78	1277	Aug 1990	14	2239
1940	5	118	1977	69	1346	Jan 1991	12	2251
1941	11	129	1978	72	1418	Mar 1991	2	2253
1942	18	147	1979	79	1497	Jun 1991	13	2266
1943	15	162	1980	84	1581	Aug 1991	23	2289
1944	14	176	1981	67	1648	Oct 1991	4	2293
1945	14	190	1982	71	1719	Jan 1992	19	2312
1946	14	204	1983	80	1799	Mar 1992	1	2313
1947	21	225	Jan 1984	11	1810	May 1992	6	2319
1948	24	249	Jun 1984	78	1888	Aug 1992	14	2333
1949	13	262	Jan 1985	14	1902	Oct 1992	7	2340
1950	17	279	Apr 1985	5	1907	Dec 1992	17	2357
1951	19	298	Jun 1985	30	1937	Mar 1993	2	2359
1952	19	317	Sep 1985	10	1947	May 1993	17	2376
1953	19	336	Nov 1985	16	1963	Aug 1993	13	2389
1954	23	359	Jan 1986	5	1968	Dec 1993	20	2409
1955	14	373	Mar 1986	10	1978	Mar 1994	2	2411
1956	14	387	May 1986	21	1999	May 1994	25	2436
1957	16	403	Aug 1986	17	2016	Aug 1994	16	2452
1958	14	417	Nov 1986	11	2027	Oct 1994	16	2468
1959	26	443	Jan 1987	17	2044	Dec 1994	25	2493
1960	21	464	Mar 1987	6	2050	Jul 1995	31	2524
1961	19	483	May 1987	15	2065	Dec 1995	24	2548
1962	17	500	Aug 1987	13	2078	Jul 1996	33	2581
1963	23	523	Nov 1987	5	2083	Dec 1996	23	2604
1964	26	549	Jan 1988	18	2101			
1965	33	582	May 1988	26	2127			

APPENDIX E

Directors of School of Nursing 1926 to Present

<u>Name</u>	<u>Date</u>
Lucy Austin	1926 (6 months)
Myrtle Dean	1926-1937 (Dec.)
Ida Sommers	1937-1940
Dorothea Mortensen	1940-1943
Mildred Domingo*	1943-1945
Ruth Raschke	1945-1947
Mabel Johnston*	1947-1957
Helen Merryfield	1957-1960
Margaret Pavelka*	1960-1971
Phyllis Bovee*	1971-1982
Elaine Garrison*	1982-1991
Phylis Hollamon*	1991-Present

*Bryan Graduates

APPENDIX F

Course of Study--1935

First Year--First Semester (The Preliminary Course)

First Year--Second Semester

Anatomy & Physiology	90 hrs.	Case Study Method	18 hrs.
Bandaging	18	Diet in Disease	36
Dietetics	18	History of Nursing	36
Ethics	18	Materia Medica & Therapeutics	36
Message	18	Adv. Principles & Practice of Nsg	54
Elem. Materia Medica	18	Pathology	36
Elem. Principles & Practice of Nursing	108		
Totals	288 hrs.		216 hrs.

Second Year

Third Year

Medical Diseases	36 hrs.	Emergency Nursing and First Aid	18 hrs.
Medical Specialties:		Diseases of the Eye, Ear, Nose, & Throat	18
Communicable Diseases	36	Obstetrics	36
Diseases of the Skin)		Psychiatry	36
Tuberculosis)	18	Survey of the Nsg Field & Related Professional Problems	36
Venereal Diseases)			
Surgical Diseases	36		
Surgical Specialties	36		
Orthopedics			
Gynecology			
Urology			
Operating Room Tech.			
Anesthesia			
Pediatrics	36		
Totals	198 hrs.		144 hrs.

Outline of Clinical Experience

Preliminary Term (assignments varied)	4 mos.	Operating Room	4 mos.
General Medical	8.5 mos.	Obstetrics	3 mos.
General Surgical	10 mos.	Pediatrics	3 mos.
		Diet Kitchen	1.5 mos.

(Aldrich, 1953)

APPENDIX G

Director and Alumni Questionnaires

THE HISTORY OF BRYAN HOSPITAL SCHOOL OF NURSING

Interview questions for former directors of Bryan Hospital School of Nursing

- 1) How do you perceive that the role of the nurse has changed since Bryan School of Nursing began in 1926?
- 2) What major changes occurred, both local and national, during your tenure as Director that impacted on nursing education and nursing practice?
- 3) What were the important accomplishments during the time you were Director? (i.e. curriculum changes, State Board Exam success rate, preparation of students, etc.)
- 4) Did any serious problems occur? (i.e. with accreditation, availability of faculty or students, operating capital, with Board of Trustees, success rate on State Board exams, etc.?) Please explain.
- 5) What do you deem as the most important advantage of hospital-based diploma education? Please rate Bryan's program on a scale of 1 to 10 with 10 being the highest.
- 6) In your opinion, how has the image of nursing improved over the years? The image of Bryan School of Nursing?

- 7) Was a separate school budget kept (aside from the hospital's budget) while you were Director? Were the school's losses of great concern to the Board of Trustees and the Administration? Did the hospital underwrite these losses?
- 8) While you were Director of the School, what specific factors or events were instrumental in helping to shape the school's professionalism toward what it is today? (i.e. hospital, local, state, or national legislation, the Great Depression, WW II, nursing shortage or over-supply, etc.)
- 9) As you reflect back to the time when you were Director, what gives you the most satisfaction and pride?
- 10) What specific information do you feel would be particularly valuable to include in the school's history?
- 11) Please add any sad, amusing, or unusual incidents which happened while you were Director--any information which might be of interest.

If more space is needed, please use back of sheets. I appreciate very much your taking the time to reflect back to days past and helping me gain valuable insight into Bryan's history. Thank you--

Marilyn Vontz, R.N., M.A.
Class of '81

Your name _____

Class _____

THE HISTORY OF BRYAN HOSPITAL SCHOOL OF NURSING

Interview questions for former graduates
of Bryan Hospital School of Nursing

- 1) What do you deem as the most valuable aspect of your nurses' training at Bryan?
- 2) What were the advantages of a hospital-based diploma program?
- 3) Was your training at Bryan adequate, superior, or deficient in some way? Did you consider yourself well-trained and prepared to act in the role of a professional nurse upon graduation? Please explain your answer.
- 3) What could have been changed to improve the program?
- 4) What was the students' relationship with physicians? Handmaiden?
- 5) Do you remember how many hours of college work was required for Bryan's program?

- 6) Approximately how many hours a day did you spend in class and in the hospital? Did you think either was unfair?
- 7) Do you remember the approximate cost of your training? (i.e. dorm, uniforms, books, tuition, and fees)
- 8) What was dormitory life like? Please elaborate on dorm rules, living conditions, problems with dorm life, etc.
- 9) What did you do for recreation? Describe your social life while in training.
- 10) Were there any male students enrolled in school when you were?
- 11) Was there a nursing shortage when you graduated as there is at the present time?
- 12) What specific factors or events at that time were instrumental in helping shape the school's professionalism of today?

- 13) In your opinion, what information would be particularly valuable to include in the school's history?
- 14) Please add any other information--sad, amusing, or unusual--while you were a student at Bryan which might be of interest.
- 15) How has the image and practice of nursing changed since you graduated from Bryan?

If more space is needed, please use back of sheets. I appreciate very much your taking the time to reflect back on your training days and also in helping me gain valuable insight into the school's history. Thank you--

Marilyn Vontz, R.N., M.A.
Class of '81

Your name _____

Class of _____

APPENDIX H

Bryan School of Nursing Graduates 1929-1996

Class of 1929

Lucile Brown
Naomi Burney
Marie Cave
Evelyn Fulwider
Orrel Igou
Clara Johnston
Maude Klein
Clara Martin
Grace Parker
Irma Pfeifer
Mary Satterwhite
Ruby Schaffer
Alvaretta Van Engen
Helen Waddell
Greta Wittsche

Blevins
Dougless
Burnett
Fournell
Schwartz
Reeder
Klein
MacKenzie
Hunter
Mankamyer
Hampton
Eisenhauer
Howell
Railsback
Brox

Florence Beaty
Elizabeth Harder
Doris Howarth
Jean James
Lois Kahl
Ruth Kimmel
LaVaughn Lutes
Mildred Pearson
Gertrude Robertson
Clara Schlecht
Mildred Steelman
Gladys Tortell

Kaeberle
Harder
Larson
Litizzette
Davis
Kimmel
Nuss
Porritt
Beushausen

Domingo
Marish

Class of 1930

Virginia Challis
Marie Rowaldt
Edna Stake

Heuvel
Rasmussen
Wiles

Class of 1931

Portia Fulton
Arleen Geiger
Stella Kimmel
Irma Martin
Ethyl Reibley
Leta Robinson
Helen Strawn
Esther Travis
Luella Wieland

Sharpless
Peterson
Gardner
McKenzie
Reibley
Robinson
Grapes
Smith
Anderson

Class of 1934

Irene Brock
Wilma Gausman
Lena Hancock
Cenith McCoy
Marjorie Millard
Hazel Nelson
Pauline Overleese
Mary Elizabeth Paulson
Betty Price

Belsy
Maurer

Penrose
Hallock

Wright
Stephenson
Merrill

Class of 1935

Mildred Cronn
Helen DeJongh
Opal Haupt
Mildred Hess
Nellie McMillan
Ruth Moger
Nellie Shaner

Jordon
Jansen
Aldrich

Behm

Class of 1932

Ruth Baker
Alta Boughn
Mildred Boughn
Helen Burgess
Mildred Edwards
Ruth Harris
Mabel Johnston
Ella Kelly
LaVenia McMichael
Olga Sterner
Lillis Stubbendieck
Grace Truax

Baker
Harn
Arrison
Harrington
Mercer
Foster
Johnston

Bates
Worrest
Burrell
Storing

Class of 1936

Marjorie Fulton
Lucille Harrison
Susan Hutchins
Helen Klein
Esther Leech
Elsie Lou Lippstrew
Addie Mae Nelson
Elizabeth Rempel
Mildred Vasey

Bley
Wissler
Van Sickle
Chittenden
Wyndham
Erickson

Wiebe
Brockman

Class of 1937

Mercedes Beran
Ruth Fellows
Vivian Hoyle
Marjorie Lindsey
Virginia McLain
Lorraine Powell

Ruda
Eichelberger

Cooper
Peterson
Bintz

Class of 1933

Hazel Banks
Stella Banks
Phyllis Barlean

Jenkins
Frejulia
Bredehoeff

Class of 1937 (con't)

Lois Ruyle	Schrempp
Marguerite Weigand	Nelson

Class of 1938

Ruby Ethyl Barker	Harkson
Arlene Buskirk	Trook
Stella Maye Coulter	Ehlers
Ruth Critchett	Arrowood
Naomi Dickson	Perry
Irene Hass	Jisa
Edith Hokom	Hartford
Ruth Honnold	Sabo
Norma Kunz	Geithman
Berthadene Lind	Ham
Edith Weston	

Class of 1939

Hazel Bergstraesser	Purpi
Della Blank	Schmeisser
Mildred Cochran	Swale
Amy Isabelle Hess	Brigham
Mary Kirkpatrick	Gibb
Evelyn Kohtz	
Geraldine Minderfer	Hollingsworth
Mildred Mueller	Brockmann
Ruth Schlaphof	Weber
Helen Schomaker	Weber
Anna Skavdahl	St. John
Belva Slote	Lallement
Dorothy Taylor	Maxwell
Gladys Lucille Todd	Witt
Daisy Marian Nelson	Young

Class of 1940

Geraldine Abel	Davis
Elnora Dillow	Dickel
Velma Kahl	Kennell
Dorothy Mullis	Ring
Dorothy Nelson	Bauder

Class of 1941

Elaine Brown	Conrad
Marie Fleischman	Hirst
Katherine Frandsen	Brown
Jean Gates	Waldo
Lois Kastens	Case
Florence Kimmel	Wronski
Opal Lees	McDonald
Ruth Mitchell	Hansen
Helen Marie Bernays	Rasmusson
Vernetta Seipp	McChesney
Grace Simson	Shirk

Class of 1942

Unal Almquist	Cooley
Margene Brown	Bauska

Alice Cowell
 Elsie Davidson
 Elenor From
 Bobbie Ganz
 Wilma Goering
 Phyllis Hull
 Betty Jarchow
 Gracele Kindig
 Florence Lowson
 Rosana Mitchell
 Betty Preston
 Ruth Roberts
 Iola Stigile
 Geraldine Walters
 Dora Wendeln
 Margaret Wilson

James
 Barr
 Garrett
 Krzywozyck
 Pitts
 Gould
 Malovoz
 McPherson
 Capelino
 Quaresma
 Marian
 Howlett
 Hargens
 Gilbert
 Wendt
 Pierce

Class of 1943

Modena Adair	Fogle
Ila Bradford	Tegtemeier
Rosalynd Brier	
Edna Frances Oelkers	Brown
Helen Maxine Davis	Seay
Vernadell Greenslit	Anderson
Thelma Kiltz	Thompson
Aganetha Gocklay	Klippenstein
Ruth Nelson	Anderson
Winifred Nelson	Stelzer
Elaine Peterson	Hunt
Myrtle Poe	Richardson
Lois Rasmussen	Christensen
Ruth Ann Smith	
Marjorie Jean Stevens	Stewart

Class of 1944

LaVona Anderson	Rodene
Frances Bancroft	Stalder
Mary Burtch	Webb
Ruth Ann Gillespie	Forest
Ruth Helmers	Christianson
Phyllis Kinney	Moore
Fern Moore	Mier
Lucille Obbink	Meininger
Wave Person	Hanson
Ruth Ringle	Peterson
Juanita Rurup	Brendel
Emma Schwartz	Powell
Catherine Wills	Melvin
Eleanore Wolfe	Hitchman

Class of 1945

Lorene Bradley	Dobberstein
Bonnie Bruner	Holmer
Ada Capstick	Scott-Neppl
Bonnie Davis	Marshall
Lurene Fulton	Vanderhoe
Mildred Lampe	Dunn
Gloria Long	Rollins

Class of 1945 (con't)

Ruth Nelson	Harms
Dorothy Rundt	Thornton
Ethel Sandfort	Johnson
Ruth Steinkamp	Tapper
Lorene Swanson	Hope
Betty Webb	McEvoy
Jo Ann Weber	Harry

Class of 1946

Edna Ballard	Orr
Barbara Burns	Christ
Verna Davis	Barney
Vernita George	Gibson
Lois Hendrickson	Hutt
Martha High	Maseman
Virginia Lewellen	Downey
Ruth Mastalka	McPherson
Dorothy Miller	Rayburn
Marjorie Nelsen	Bartels
Sheila Neubauer	Block
Genevieve Nutter	Robb
Carol Sinning	Hagemeyer
Margaret Strawser	Pavelka

Class of 1947

Melva Anderson	Pratt
Frances Arnold	Spahn
Bonnie Banks	Sorenson
Darlene Diekmann	Hachmeier
Florence Furst	Jones
Dorothy Hellmann	De Loach
Jeanette Jensen	Scowcroft
Marilyn Long	Shimmin
Susan Lutes	Ropers
Doris Mc Kinzie	McKnight
Dorothea JoAnn Weekley	Engstrom
Ruth Ollendorf	Herman
Darleen Riechman	Hall
Ann Rule	Haskins
Carol Rule	Erickson
Bonnie Sanderson	Durham
Christa Schimansky	Hill
Betty Shaffer	Wilkins
Geraldine Sommer	
Leona Wilkins	
Donna Williams	Brockley

Class of 1948

Arlene Carey	Fiene
Bonne Jean Dunn	Shaw
Vernelle Erickson	Rasmus
Charlene Frost	Cox
Ruth Grone	Clayton
Frances Herr	Berg
Lacada Johnson	Bruce
Phoebe Karas	Clore
Edith Laguna	Breashears

Mary Kathryn McKinney	Luebs
Carolea Miller	Lee
Barbara Moore	Farr
Irene Nelson	Ranken
Martha Joan Olson	Andros
Helen Otley	Cliffton
Grace Peterson	Ericson
Alda Pieper	Carlson
Shirley Rankin	
Betty Rasmusson	
Wreatha Rystrom-Sisson	Rystrom
Mary Alice Sautter	Lukow
Marjorie Yvonne Snyder	Rasmussen
Marjorie Star	Daugherty
Lorene Stenson	Loop
Marcella Unger	Helzer
Betty Vennum	Battermann
Betty Zimmerman	

Class of 1949

Josephine Ballard	French
Hilda Friesen	
Jean Hancock	Proud
Elaine Johns	Willey
Kathryn Korff	Deines
Ruth Kreuscher	Powell
Betty Ann Matthies	Krause
Jeanne Parks	Rasmusson
Faith Rieke	Weber
Veora Smith	Turner

Class of 1950

Judy Barger	
Phyllis Barnell	Liebers
Phyllis Bovee	
Marilyn Catron	Englehardt
Carolyn Chase	Reis
Hermine Damkroger	Leffler
Thelma Erlewine	Barnes
Katherine Hasik	Schuler
Elizabeth Heuermann	
Vera Howard	Fox
Myrna Kennedy	Meyer
Betty MacDaniels	Olderog
Margaret Morris	Leete
Bonita Stransky	Ellenwood
Marilyn Turner	Cole
Ardyce Walters	Hrdlicka
Annalee Wiles	Walker

Class of 1951

Ardene Andersen	Newkirk
Beverly Brown	Taylor
Shirley Church	Ehrlich
Frances Conrad	
Marilyn Davis	
Marjorie DeVries	Moser

Class of 1951 (con't)

Mildred Druliner	Rowley
Elaine Garrison	
Shirley Hartzer	Miller
Beatrice Huber	Stastny
Lorraine Lois Kruse	Whitefoot
Carmen Maltby	Lawton
Marilyn Meyer	Koehler
Harriet Elaine Templin	Ressel
Betty Thieman	Bauman
Mildred Wilborn	Gaudreault
Opal Wiles	Kettler
Dolores Wissink	Kissinger
Bonnie Yaeger	Pool

Class of 1952

Barbara Bradden	Behnke
Ada Coffey	Williams
Maryan Franzen	Carlson
Bonnie Marie Gilmer	
Alice Greathouse	Paulsen
Delpha Grunke	Hinman
Martha Hammonds	Foxall
Donna Kolzow	Bauman
Donna Mitchell	Marpels
Elaine Novotny	Little
Maxine Richards	Schriner
Jo Ann Ruehle	Spaur
Josie Helen Sanchez	Dyer
Eldona Schell	Hughes
Mary Slaughter	Gonzales
Janet Smith	Roubicek
Aleatha Tietjen	Gronemeyer
Marilyn Weir	Bennett
Geraldine Wertz	Kugler

Class of 1953

Joann Calvert	
Joann Friederich	Lindberg
Irene Grey	Young
Charlene Heuertz	Bauer
Evelyn Hightree	Fraser
Lettie Janssen	Reese
Rose Marilyn Harwell	Lederer
Janet Miller	Keller
Lucille Neth	Washechek
Beverly Peterson	Wakely
JoAnne Roberts	Rexilius
Alice Scofield	Ourada
Muriel Shell	Simmons
Barbara Stevens	Walker
Betty Wells	Stanley
Marguerite Wiles	McLain
Angelia Wilkinson	Mason
Laurel Wilson	Lukert
Patricia Wollen	

Class of 1954

Joan Adair	Schmitt
Mary Bergstraesser	Rodaway
Janet Carson	Reichmuth
Marilyn Francis	Nisson
Marilyn Fredericks	Haskin
Betty Galloway	Bennett
Laura Hanson	Wilcox
Rogene Huff	Allen
Florence Humphrey	Bosteter
Shirley Jones	Wohlfarth
Anita Maurer	Dover
Doris Mc Alpin	Quaife
Roberta Mc Gregor	Bang
Barbara Nelson	Houtz
Joyce Nesseler	Lemaster
Lavina Oehlerking	Schwaninger
Elaine Ohs	Thompson
Donna Phillips	Wasco
Joan Seagle	Bachman
Barbara Stolzenburg	Marlow
Jo Ann Thompson	Boyd
Lois Willard	Million
Alice Wilson	Plettner

Class of 1955

Donna Bartels	Saathoff
Barbara Bates	Moran-Stoffels
Glenna Benedict	Cresson
Waltraud Bley	Harmon
Noel Churchill	Haberer
Annette Davis	Johnson
Marjorie Deckert	Kramer
Edna Delphine Jewell	
Barbara Johnson	Johnson
Donna Madron	Malany
Shirley Sanders	Swails
Greta Shaffer	Sparks
Virginia Sharrar	Reese
Ruth Young	Schwabauer

Class of 1956

Patricia Arth	Wolfe
May Elva Davidson	Janak
Velda Eden	Etmund
Geraldine Ek	Peterson
Verla Livers	Plummer
Phyllis May	Roker
Eleanor Mc Cauley	Wilkins
Barbara Mohrman	Pinkston
Edith Palmer	Kleen
Nancy Peters	Spahn
Rhonda Kramer	Van Boening
Rebecca Vanderslice	Rippe
Joan Westfall	
Marcia Youngson	Shannon

Class of 1957

Patricia Adams
Mary Barnes
Roma Bjorklund
Hannah Braun
Marcene Burger
Constance Crews
Dorothy Curren
Donna Hankins
Kathryn Keefe
Mona Koch
Marilyn Mc Donald
Carolyn Rohrig
Marianne Schultz
Marilyn Sommer
Jane Williams
Mary Lou Wood

Webb
Nicodemus
Rogers
Moorehead
Renner
Cross
Hayhurst
Ballantyne
Dey
Lampe
Palu
Bartlett
Schweers
Pramberg
Burkey
Baum

Class of 1958

Grace Allyn
Mary Anderson
Phyllis Christensen
Sandra Deahn
Sandra Hagaman
Ileen Hansen
Peggy Hillman
Jo Ellen Kennedy
Mary Larsen
Anne Schaefer
Dorothy Snyder
Betty Struss
Sandra Swanson
Jeanette Wilbur

Lakey
Lee
Flock
Cummins
Olson
Smith
Yeats
Dixon
Schwarz
Shoemaker
Wilson
Anderson
Rasmussen
Wilson

Class of 1959

Lois Ahnholtz
Katheryn Banwell
Margaret Bern
Janice Buss
Colette Crow
Sondra Greenlee
Barbara Griess
Elaine Hall
Marian Heiss
Jean Hohbein
Marcia Johnson
Becky Kennedy
Kathy Leefers
Kay Mann
Elvira Menendez
Kaye Newbold
Kathleen Nickerson
Cynthia Noyes
Beverly Osborne
Mary Peterson
Vivian Scott
Kathy Severance
Elizabeth Standlea

Johnson
Curtis
Cole
Hahn
Cort
Wohlers
Taipalus

Price
Hennings
Dapper
Albright
Stokebrand
Wiens

Moser
Ely
Bauer
Ryder
Klinetobe
McCann
Dutcher

Rosalyn Streich
Carol Todd
Donna Wilson

Vogler
Hoyt
Thompson

Class of 1960

Helen Bice
Margaret Bohy
Lynn Christy
Margaret Conkling
Janet Ebke
Juliann Elce
Sara Fountain
Marilyn Harp
Virginia Johnson
Kathryn Kassing
Kathleen Kirk
Alice Kluck
Dianne Moser
Paula Miles
Marilyn Sabin
Brenda Sawyer
Colleen Sears
Luanne Stewart
Theo Ann Suhr
Karen Welton
Karen Werner

Garrels
Zimmerman
Mitchell
Eickmeier
Germer
Montgomery
Samuelson
Fenster
Von Seggern
Muehlich
Scheele
Bevans
Martenson
Jones
Dority
Priest
Kostenbader
Colbert
Lepire
Park
Weed

Class of 1961

Lois Abts
Phyllis Jean Brooks
Ellen Brown
Marcia Buske
Alice Cox
Janice Cross
Geraldine Elsasser
Rachel Grummert
Lorraine Hueske
Barbara Luethje
Dorothy May
Suzann Merryman
Cheryl Miller
Lowene Osten
Virginia Parish
Bonnie Phelps
Esther Siebert
Eunice Welch
Connie Zitterkopf

Bishop

Svoboda
Wilson
Johnson
Frost
Bond
Niemeier
Bitting
Christie
Miller
Johnson
Keenan
Johnson
Bosse
Huff
Fox
McMasters
Russel

Class of 1962

Sharon Blankenfeld
Mavis Carlson
Kathleen Cederburg
Ruth Christoffersen
Carol Cooper
Mary Lou Cradick
Diana Craig
Ardith Galbreath
Carol Hiebenthal

Sievers
Hill
Larson
Bell
Sherman
Yeager
Christensen
Sudduth
Vigil

Class of 1962 (con't)

Barbara Holz	Siems
Marlene Leners	Le Suer
Dixie Lee Nissen	Clegg
Marilyn Powers	Mertens
Lois Roker	Sackett
Carmen Sandell	
Sondra Tillotson	Kyes
Cathie Zier	Regester

Class of 1963

Gay Barth	Boardman
Lana Marie Becher	Foot
Lynnea Bobst	Miles
Carole Hervert	Stuhmer
Georgene Crandall	Smidt
Lynda Dornburgh	Fisher
Jane Jelinek	Basoco
Sharon Erickson	Evans
Kathryn Gleason	Cook
Sondra Hagemeister	Williams
Carolyn Hahn	Simpson
Eleanor Hitchcock	Wanger
Dorcas Horner	West
Pamela Johnson	Munk
Hallie Lore	
Phyllis Merry	Mostrom
Elizabeth Peterson	
Ruth Schuerman	Foster
Rae Tucker	Wormuth
Anna Velte	Gruenke
Lois Elaine Versaw	Forge
Barbara Wieseman	Rafert
Janice Wood	Ross

Class of 1964

Judith Beckman	Zager
Connie Bjerrum	Whittemore
Kathryn Hales	Broughton
Portia Herndon	Reed
Gae Hill	Tennison
Karen Iverson	Conrad
Sandra Johannes	Odgaard
Viola Mae Kring	Ommen
Joy Lynn	Hershberger
Betty Malchow	Riddle
Doris Nielsen	Hoover
Wyoma Niemeier	De Vries
Donna Olander	McCall
Carol Olson	Hecker
Sharon Otto	Duffy
Judith Quam	Huber
William Pomajzl	
Sharon Redding	Huisman
Anita Rockford	Brill
Sharon Romick	Leonard
Geraldine Rudolf	Hansen
Bonnie Stock	Bruttig

Diane Stokebrand
Barbara Stubbe
Linda Thompson
Nancy Warne

Heller
Moore
Beltran
Boring

Class of 1965

Karen Abood	Boop
Connie Armstrong	Barker
Donna Buller	Ratzlaff
Carolyn Clifford	Mitchell
Marvin Cords	
Diann Dietemeyer	Sorensen
Cheryl Faden	Miller
Katherine Fritz	Rhea
Kay Gregerson	Baynor
Carol Gulbranson	Deditz
Sylvia Harder	McKenny
Shirleen Hennig	Way
Judith Hoops	Drews
Irene Howser	Bazata
Judy McKinzie	Wrightsmen
Francine Nelson	Janzen
Kathleen Nielsen	Seureau
Nanette Nygren	
Kristine Olson	Smith
Diantha Pangborn	Johnson
Lila Plock	Schmidt
Bonnie Quick	Brown
Dianne Quinn	Vogt
Cordelia Rauschke	Martin
Phyllis Stelling	Hollamon
Frances Swanson	Lyon
Betty Thorell	Holen
Burdella Wesch	Bacon
Marilyn White	Kinney
Dianne Wiseman	Averill
Marilyn Woodward	Wagner
Jean Yost	Ahlin
Nancy Zachry	King

Class of 1966

Constance Anderson	Van Metre
Sharyn Kay Baliman	Abraham
Bettie Bauer	Butts
Cheryl Bors	Smith
Mary Ann Bowman	Meisner
Mary Helen Moore	Bucknell
Darlene Carlson	Powell
Janis Case	
Janet Lynn Clark	Salinas
Karen Clark	Strickland
Karin Kay Clark	Betschart
Linda Cook	Purcell
Judy Curtiss	Rasmussen
Dianne Damm	Gosin
Judith Frahm	Hansen
DeAnne Frazier	Baer
William Herman	

Class of 1966 (con't)

Robert Hildebrand	
Evalene Hock	Kellogg
Judith Ann Johnson	Zabel
Janyce Marie King	Aura
Marilyn Knuth	Zieg
Diane Marie Krull	Carlson
Linda Lee	Busch
Loretta Lucas	McKay
Edith Marshall	Merryman
Cheryl Myers	Anderson
Judith Nelson	Ilg
Rita Nelson	Robinson
Jane Packer	Wahlgren
Bethene Peterson	Meicher
Loretta Pohman	Olson
Teresa Rennick	
Myra Roebke	Denton
Gail Russell	Nelson
Frank Schmal	
Sherlyn Stewart	Lange
Jane Stolle	Nethers
Cheryl Swanson	Hildenbrandt
Victoria Thomas	Hepperlen
Dianne Wagner	Bartling
Gaytha Waters	Patterson
Anita Whitson	Ness
Starlynn Wiese	Stuhr
Kay Marie Oestmann	Williamson

Class of 1967

Janet Bailey	Haller
Connie Lou Bittfield	
Tatiana Bode	
Susan Boettcher	Harris
Sharon Brumbaugh	Riekenberg
Mary Jane Buss	Olsen
Elaine Clark	Murray
Carol Doty	Snyder
Janice Dunkel	Cox
Judith Edwards	Van Pelt
Barbara Elmquist	Miller
Jane Ericson	Olivier
Sandra Forbes	Leininger
Diane Franzen	Kinnan
Sandra Lee Glenn	Blankenbaker
Barbara Jean Eldred	Gochmour
Jerilyn Gustafson	Delzell
Bonnie Recknor	Tharp
Verla Harding	Davenport
Charlene Hartwig	Thome
Evelyn Hiebner	Ediger
Joan Hineline	Oltman
Joyce Hodde	Nass
Sheryl Howell	Mehring
Jean Jensen	Gerhard
Jean Johnson	Waller
Bonnie Kennedy	Wollin

Judy Kluck	Cada
Sharon Krueger	Treat
Marilyn Kruse	Ransen
Marlene Kruse	Becker
Carol Larson	Cornell
Lois Livingston	Meeske
Sandra Mohr	Wright
Diane Newman	Hoffmann
Richard Prendergast	
Judy Rath	Tracy
Judy Ray	Summers
Carolyn Retherford	Edmundson
Margaret Rogge	Remmers
Ruth Schaible	Arnold
Pat Schmit	Vandewege
Joyce Schoonover	Urbauer
Jane Simonsen	Winkelman
Connie Skrivaneck	
Jo Ann Smith	
Judy Snider	Merkel
Donna Spilker	Rohn
Shirley Stout	Kiatta
Jane Tiedgen	Kivett
Correne Wilhite	

Class of 1968

Susan Andersen	Grindheim
Janet Bauer	Rogers
Clarice Bouska	Friesen
Carolyn Bratt	Faines
Margaret Burvainis	
Carolyn Coleman	Davis
Marlene Corr	Trunkenbolz
Elaine Crosby	Cox
Charla De Bolt	
Jeanne Dobson	Mazy
Janice Dodendorf	
DeAnna Dragoo	Martensen
Diane Duitsman	Allen
Dorothy Dusenbery	Droge
Louise Earl	Bauman
Rosemary Easterly	Friesen
Sharon Eberspacher	Farrar
Donna Ellsworth	Ramsay
Jill Givens	Williams
Gail Gloy	Snyder
Arlene Gustafson	Gimpel
Candace Hale	Wingrove
Mary Herman	Reppert
Connie Hertel	Garrels
Janice Homolka	Havranek
Sharon Johnson	Remillard
Kerry Kister	Sauser
Sheryl Kraatz	Ruff
Cynthia Kunnemann	Jaeger
Verla Lehmkuhl	Youngquist
Beryl Magnusson	Kohtz
Jody McBeth	Hoy

Class of 1968 (con't)

Darlene Meyer	
Faye Mosier	Parr
Eileen Pace	Meyer
Vera Penner	Friesen
Mary Lou Pierce	Hewitt
Linda Pogue	Barnett
Nancy Roker	Armitage
Sandra Sears	Frey
Carol Sherbert	Pohlmann
Sharon Hammond	Hammond
Mary Staehr	Beattie
Linda Staub	McNair
Kay Elda Stolp	Andrews
Helen Strahan	Burch
Nancy Strehlo	Hendrickson
Carol Thompson	Fulton
Marlene Troutman	Tracy
Irvine Weber	Hughes
Andrea Wettlaufer	Crumly
Judith Wiard	Traudt
Norma Wusk	Bartels

Class of 1969

Sharon Brower	Hockemeier
David Campbell	
Cheri Eoff	Braasch
Rosalee Fischer	Wade
Rachel Frese	Holle
Judy Girardin	Hanes
Mary Glenn	Kindsfater
Gail Gregg	Ferris
Linda Gruenberg	Taulbee
Doug Hawke	
Sandra Hilgert	Vech
Peggy Holtzman	Slater
Cheryl Hoops	Linder
Sally Jochens	
Sandra Krause	Spoonhour
Marian Kulhanek	Bakos
Linda Larson	Devlin
Linda Leininger	Phelan
Susan Letheby	Myers
Linda Lindley	Trogon
Dianne Luben	Minteer
MarJo Lybarger	Sell
Marilyn Max	Castle
Judith Mick	Nye
Joyce Middendorf	Zimmerman
Sue Miller	Lieske
Elizabeth Morrison	Hinze
Sandra Muehling	Broeder
Linda Mueri	McPherren
Peggy Noble	Diller
Linda Oestreich	Duitsman
Dee Overturf	Moehlenkamp
Judith Park	Bohaty
Luanne Peterman	Toepfer

Sandra Petersen	Zoeller
June Reimer	Christy
Judy Reinke	Sievy
Myra Rhodes	
Connie Slater	Bowling
Marilyn Slater	Ayres
Mary Lou Brinkman	Slaymaker
Michael Smith	
Janet Snow	Elstermeier
Marilyn Spilker	Philippi
Vickie Stake	Owens
Anita Summers	Hayes
Joyce Tinkham	Helmink
Janet Todd	Krumme
Sharon Umberger	Williams
Pamela Urbach	Gillaspie
Ruth Walin	Radenslaben
Karen Westover	
Victoria Wiebelhaus	Muff
Sue Wright	Williams
Janet Yates	Vavra
Joan Zink	Dube

Class of 1970

Roger Allgood	
Loretta Bartzatt	Dutcher
Linda Bennett	Zentner
Nikki Bly	Bauman
Diane Bruntz	Augustin
Alice Carlson	Segers
Sarah Chittenden	Williamson
Jean Chmelka	Bohac
Dean Daake	
Connie Davis	
Cheri England	
Christine Falter	Fox
Patricia Faust	Van Vlymen
Carol Friesen	Friesen
Dona Gishwiller	Quimby
Jeanne Gregg	Johnson
Barbara Gudgel	Leathers
Herbert Harb	
Dianne Hitchcock	Buryanek
Kathy Hoffart	Herian
Gail Holtzman	
Donna Hunt	Parr
Ann Jameson	Smith
LaVonne Kerkman	Miller
Connie King	Mahanes
Katherine Kinkle	Holster
Catherine Kinnaman	
Richard Kjar	
Karen Klein	Shippey
Lois Kugel	Pohlmann
Paula Kummer	Elliott
Mary Leach	Jarecke
Cindy McDermott	Kitt
Judy Meyer	Tonniges

Class of 1970 (con't)

Michele Mulligan	Wedberg
Carolyn Murdoch	Lueking
Jacqueline Nelson	Clausen
Carmen Oakeson	Kurz
Janice Ott	
Mary Owens	Portrey
Dorothy Peck	Carnes
Linda Peterson	Wilhelms
Cynthia Poehlman	Nelson
Cynthia Preston	Brunz
Jo Puckett	Schachenmeyer
Shirley Rahn	
Leona Richters	Shrader
Joyce Riggert	Dane
Mary Rikli	
Marilyn Rush	Jackson
Marian Russell	Williams
Lynette Schmidt	Copple
Anita Schou	Alban
Judy Scott	Jahde
Elizabeth Shelbourn	Valek
Catherine Skelley	Hershberger
Lois Skrdlant	Nohavec
Loreta Somers	
Sandra Spahn	Biven
Karen Spracklen	Fuller
Annette Swenson	Sturtz
Diane Swenson	Grundman
Jane Troyer	Smith
Marlene Tucker	Wrightsmen
Marilyn Vossler	Anderson

Class of 1971

Sandra Baldwin	Maahs
Georgeen Cain	Strong
Barbara Carlson	Wakeley
Kathleen Carlson	Hoppes
Diann Couchman	Frahm
Dianne Cross	Ebel
Marcia Damon	Zabel
Joan Diefenbaugh	Foster
Ricky Eckert	Droege
Suzanne Ericksen	Vallentine
Judy Fundum	Miller
Vicki Fusselman	Harvey
Colleen Fyfe	Lutjelusche
Joyce Gaston	Herz
Vicki Gillaspie	Janssen
Patricia Grummert	Pohlmann
Linda Hadfield	Brown
Cynthia Hanson	McCune
Nancy Harms	
Kristi Harris	Scheele
Ravada Harris	Farnsworth
Susan Hart	
Carolyn Hensley	Bullis
Lois Hillen	Franzen

Charles Hodgkin	
Glenda Hoffart	Geiger
Patricia Hoops	
Patricia Hoover	Lorenz
Barbara Ivy	Tiwald
Rosemary Johring	Stoddard
Kathryn Jones	Pons
Linda Jones	Hubbard
Barbara Keem	Bohling
Nancy Kisler	Gondringer
Kathryn Kliever	Deever
Shirley Landon	Retzlaff
Pamela Luth	Fox
Deanna Mattison	Adams
Diane Metheny	
Brenda Morock	Browning
Jane Oliverius	Kloberdanz
Lylaine Pedersen	Abbott
Dorothy Pojar	Arent
Carolyn Robertson	Miller
Judy Ross	Pearson
Karen Rustermier	
April Satchell	Carleton
Peg Schrage	Henricks
Sue Schroeder	Lang
Jane Schroetlin	Wenzl
Peggy Sissel	Lautenschlager
Linda Smith	Miles
Janet Spilker	Waltz
Carolyn Springer	Johnston
Leslie Stake	Martin
Aloha Stara	Schmid
Marsha Stork	
Dianne Tesch	Osler
Brenda Uecker	Wilke
Rhonda White	Jensen
Sandra Kay Wittmann	Muller

Class of 1972

Jackie Bantz	Griffin
Dorothy Beeler	Patterson
Phyllis Behrens	
Kristine Bennett	Crabtree
Linda Blake	Bunting-Blake
Barbara Jean Brase	Lindsey
Christine Bydalek	Obermiller
Lisa Cardwell	
Jane Cox	Ratcliff
Dara Lee Dahlke	Gemar
LaDonna De Buhr	Van Engen
Linda Ann De Busk	Ballagh
John Embree	
Cheryl Erickson	Kjar
Jacqueline Fazel	Gustafson
Deanna Frank	Anderson
Glenyce Friesen	Larsen
Harold Friesen	
Royce Friesen	

Class of 1972 (con't)

Patricia Ganseborn	Crandell
Julie Ganzel	Willnerd
Marcia Griffith	Harnly
Nina Gunderson	Wardell
Jeaneane Halbur	Kepler
Paula Handrup	
Joan Herpolsheimer	Schultz
Lynn Hirst	Frost
Shariet Hoops	Bowers
Marietta Hubl	Tucker
Patricia Janzen	Barr
Melinda Johnson	White
Dorothy Keebler	
Barbara Kehn	Roby
David Kepler	
Barbara Kirtley	Larmore
Marilyn Kohout	Jensen
Terri Lampman	Rundle
Ann Larsen	Albertson
Patricia Lienemann	Schuster
Margaret Masek	Nicolas
Mary Louise Zimmer	Mealhow
Charles Meyer	
Barbara Mohrmann	Meinecke
Marcellyn Mulder	Holtorf
Gloria Nickolaus	Lehman
Dayla Nielsen	Steiner
Jeanne O'Flynn	Cary
Patsy Olson	Uttecht
Carol Parde	Harms
Elizabeth Pawelko	Buman
Ann Peterson	Ermis
Vivian Pittz	Brinkmeyer
Diana Post	Stevens
Rosemary Rinne	Wischmeier
Dee Ristine	Hibbs
Maurine Russell	Ritter
Nancy Sears	Rucker
Elizabeth Seevers	Farrington
Rhonda Simmons	Skinner
Denise Smith	Johnsen
Donna Smith	Carter
Cheryl Sundermeier	Widick
Janet VanWinkle	Lippincott
Marsha Weaver	Trask
Shirley Weller	Boltz
Deborah Wipf	

Class of 1973

Barbara Aabel	Galvin
Terri Allyn	Mitchell
Barbara Anderson	Sterup
Joyce Bohling	Johnson
Kathleen Brandt	Kubik
Kathy Buening	Peacock
Rebecca Catlett	Waldo
Becky Clark	Pittack

Linda Colvin	Mohr
Linda Dubbs	Hurst
Diana Embree	Kester
Sharon Engel	May
Donna Epp	Friesen
Sandra Erickson	Farnum
Susan Erickson	Stinemetz
Donna Esslinger	Nelson
Linda Fisher	Baker
Ann Formanack	Lerdahl
Susan Fosler	Walsh
Linda Foulk	Dewey
Vickie French	Leger
Joyce Friesen	Janzen
Claire Geiger	Titus
Marilyn George	Allen
Debra Germer	Eckles
Peggy Goin	Rasmussen
Dan Hardy	
Steven Harrington	
Janet Hartig	Peterson
Janice Hartwig	Peake
Charlotte Heitmann	Lechtenberg
Susan Hoffman	Myers
Sondra Houck	
Ronald Hunkins	
Sherry James	Meyer
Gay Jensen	Otto
Jean Kennelly	Prairie Chicken
Donna Kettle	Stratton
Sheryl Lampe	Harrington
Janet Lassen	Mohs
Debra Leech	Coombs
Karin Livgren	Vander Hamm
Sandra Manthey	Stinson
Collette Masek	
Charlene Kay Oelkers	Tilson
Debra Pralle	Schramm
Margaret Quandt	Ockinga
Lynne Schroeder	Gibson
Patricia Schwartz	Wilson
Susan Schwindt	Hamersky
Deborah Sloan	Swanson
Barbara Stear	Sayer
Debra Stiefvater	Dinslage
Deborah Stoddard	Evert
Ann Strong	Hanquist
Maureen Sullivan	Liddle
Betty Summers	Wilson
Connie Swenson	
Cynthia Timmons	Pixler
Deb Waggoner	
Wendy Weaver	Elder
Rebecca Wiegand	
Beverly Witte	Anderson
Diane Zitek	Loudon

Class of 1974

Jerri Allen Graham	Settles
Nancy Arganbright	Cook
Ruth Arnold	Joy
Radene Becker	
Pat Bode	Burgert
Nancy Borgerding	Folkerts
Beth Brandes	Hentzen
Deb Brauer	Koertner
Ann Marie Brunkhorst	Sanders
Beverly Buscher	Clay
Colleen Chapp	
Patricia Coppel	Eaton
Susan De Busk	Paul
Jane Ewing	Boilesen
Janet Ficke	Krenk
Karen Foote	Knaub
Kathleen Franz	Ripley
Dorothy Friesen	Robbins
Cheryl Gordon	Orosco
Linda Grice	Starr
Brenda Hanson	Stutzman
Linda Hill	Daugherty
Joyce Houchin	Clark
Susan Howat	Boney
Jill Hunt	Hunt-Poole
Sherry Jantze	Fougeron
Donna Janzen	Yost
Sharon Jensen	Sergo
Sue Jundt	Doerr
Kathleen Kester	Zeleski
Sally Kirby	
Sally Kloepping	Nichols
Cathy Knosp	
Peggy Kugler	Hurrell
Jacqueline Lageson	
Diane Lemburg	Boulden
Debra Lewis	Vokal
Lou Lind	Kirby
Roxanne McHargue	Brandes
Beverly Meyer	Morgan
Gaylean Millsap	
Leah Moseman	Battistone
Terry Niedfelt	Doll
Becky Noler	Gocke
Marcelyn Sue Norseen	Holmes
Nancy O'Donnell	Swanson
Kay Overturf	Knutson
Jean Pankratz	Ring
Twila Pease	Stuhr
Marcia Pope	Hoover
Nancy Ragain	Steckelberg
Dara Rasmussen	Richter
Debra Reichel	
Kathleen Rikli	Satterthwait
Carol Robertson	Stulken
Kristin Ronning	Schwarzkopf
Gyneth Sanders	

Bonnie Jo Sargent	Mayo
Trudy Schaepe	Gocke
Debra Schoneweis	Kalama
Sharon Schulz	McVay
Linda Shattuck	
Paula Smith	Little
Kristin Spilker	Bauman
Sara Stahly	Compton
Jane Stahr	Morgan
Debra Struempier	Rapp
Marilyn Svoboda	Thorne
Susan Thompson	
Penni Urbach	
Dona Wakeley	Shehan
Chanda Walz	Randall
Karen Ward	Reese
Jeanne Williams	Megel
Kathy Wilson	Watt
Susan Wyatt	Leif
Rosellyne Wynkoop	Keith
Stanley Yates	

Class of 1975

Sharon Ahlers	Pavelka
Kristin Anderson	Rogge
Kathryn Augustin	Shurigar
Jolene Bantz	Grossoehme
Priscilla Boyer	
Carolyn Brewer	Chadderdon
Sheryl Buller	Wiens
Carol Buntmeyer	Schardt
Gloria Carlson	Edgar
Carol Chambers	Miller
Joan Chandler	Schick
Sandra Coleman	
Delores Dallman	Farlin
Nancy Davidson	Gill
Joyce DeWald	Wickman
Nancy Doll	Hilgenkamp
Nancy Duey	Peterson
Janell Eichmeier	Pohlen
Nancy Erickson	Evans
Rose Marie Felt	Parker
Zo Anne Finkner	Kunemann
Jane Fleischman	Heine
Deborah Hahn	Hiergesell
Robert Hahn	
Bonnie Harsh	Walvoord
Debra Hauder	
Kathleen Havlat	Bernadt
Deborah Hedrick	Carney
Ruth Hester	Miller
Kelvy Hilton	
Deena Hostick	Bunzel
Janelle Houck	Bruning
Frances Hudnall	Prokop
Jeri Hurlbut	Safarik
Karen Jenkins	White

Class of 1975 (con't)

Terri Johansen	
Beverly Johnson	Munter
Valerie Jones	Frager
Janet Jostes	Luepke
Pamela Knoell	Steube
Michael Kusek	
Colleen Lewis	Speidell
Polly Lewis	
Mary Lichty	Miller
Marsha Lind	Nelson
Susan Livengood	
Dixie Lostroh	Wulf
Carolyn Mason	Freerking
Elizabeth McBeth	Moore
Michelle Miller	Berry
Maralee Milzner	Cloran
Janet Olmsted	Shullaw
Catherine Pallas	
Kristine Parsons	
Janet Penkava	Peterson
Shelley Peters	Whitwer
Robin Prenzlów	Merchant
Mary Quackenbush	Schmidt
Cindy Reed	Cline
Bonnie Runty	Zaroban
Rhonda Schlegel	Heffelfinger
Trudi Schroeder	Tompkins
Jeanne Schuerman	Scheve
Margi Scripture	Ross
DeLila Smith	Chrisp
Susan Snyder	Ortiz
Ruth Spencer	
Cheryl Stewart	Morton
Carla TenHulzen	Reiter
Linda Thayer	Boval
Delores Vinzenz	Brabander
Bonnie Vosta	Anderson
Brenda Weaver	Pope
Mary Webb	Gould
Nancy Westing	Wellensiek
Connie Wood	Knuth
Mary Woodruff	
Jennifer Zuellner	Andrews

Class of 1976

Linda Abernathy	Perez
Joan Alt	Gerard
JoAnn Anderson	Baker
Linda Anderson	Hoyt
Deb Becker	Enderle
Sarajane Bienhoff	Smith
Pia Biloft	
Rachel Buller	Crumly
Lynn Camp	Schafer
Kathleen Campbell	Schrier
Jodi Carlson	Huston
Patricia Chicoine	Thompson

Cathryn Christian	Herz
Marsha Cohn	Dunn
Kathleen Cunningham	Jacob
Lee Ann DeBoer	Meduna
Becky Dinkelman	Brunkow
Nancy Dinkelman	Hengelfelt
Cynthia Dragoo	Peter
Susan Easterly	Walker
Pat Eaton	
Pamela Einspahr	
Nancy Farwell	Moyer
Kathleen Fell	Stoddard
Donna Fougeron	Heyen
Debra Gentzler	Hellbusch
Jerry Giardina	
Gail Gocke	Maronde
Gregory Golter	
Gwen Gorthey	McManaman
Bonnie Hain	Hentzen
Vicki Heberlee	Danek
Linda (Pat) Hoidal	Berger
Mike Hull	
Betty Karmazin	Rhoades
Debra Kilgore	
Konnie Kurtz	Doescher
Audrey Lentfer	Shaneyfelt
Cindy Lindstrom	Costanzo
Nova Jo Loose	
Susan Loschen	Lepert
Betty Lyell	Chittenden
Judith McPherson	Ewell
Marjorie Menefee	Basinger
Jeri Meyer	Schniederheinze
Pamela Miller	Maatsch
Ruth Miller	VanGerpen
Susan Morgan	Maurstad
Linda Myer	Hardy
Peggy Nelson	Maresh
Kay Nieven	Softley
Arylis Nikkel	Goertzen
DeAnn Peters	Tonniges
Kristen Rasmus	Kusik
Brenda Remmenga	Avery
Deborah Rhodes	Skinner
Susan Rogge	Kuwitzky
Diane Rose	Hemberger
Marsha Ruhter	Trosper
Betty Sawyer	Ohls
Penni Schelbitzki	Bruning
Cathy Schwindt	Lien
Janelle Siebert	Goding
Deb Sorenson	
Rebekah Spilker	Clarke
Terri Sweet	Gortemaker
Holly Tice	Warner
Lynne Travnicke	Wiedman
Laura Turley	Thorne
Jo Ann Versemann	Weaver

Class of 1976 (con't)

Virginia Vondra	Sieck
Denise Wallerstedt	Blair
Sue Ellen West	Barnes
Deborah Wiemer	Gels
Mary Williams	Dickerson
Cynthia Wolfe	Denton
Diana Wollen	Paritz
Debra Zimmerman	De Wald

Class of 1977

Cynthia Baker	Schofield
Arlene Bartels	Filipi
Cheryl Barthel	Hellerich
Jane Beck	Pohlen
Debra Beckmer	Webster
Karen Beyer	Rusnacko
Sandra Boehmer	Stutzman
Betty Boettcher	Archuleta
Marcia Boice	Hamed
Lori Boles	Lauterbach
Deborah Bouma	Wrich
Patricia Brass	Reynolds
Barb Chapin	Strahan
Carol Diedrichsen	Hoppes
Karen Diedrichsen	Temple
Debra Engel	Bader
Kim Engel	McLaughlin
Cathy Faddis	Bard
Elaine Fortson	Thiel
Mardelle Frey	Patterson
Krista Fricke	Kohles
Sharon Fritz	Luebke
Jilleen Garrett	Hecox
Dee Ann Garton	Pitts
Janet Hansen	Simonitch
Julie Heishman	Marmurek
Andrea Heyer	
Patti Hiller	Von Riesen
Theresa Huber	Baer
Nancy Lou Huebert	German
Kathy Janssen	Odell-Janssen
Mary Jarosz	Kempcke
Linda Johansen	Dupree
Marilee Jones	McPherson
Marsha Kent	Stuva
Marcia Kinney	Cederdahl
Diane Klingenberg	Campbell
Rebecca Kuster	
Kim Larson	Meyer
Laura Logan	Heider
Judith McMahan	Bowling
Annette McMullen	Dillon
Shelley Miles	
Holly Miller	
Jody Miller	Rahder
Shirley Mohr	Mohr-Burt
Josephine Moran	Bennett

Kerry Morris	Milius
Susan Plager	Klanecky
Nancy Prauner	Connot
Vicki Raasch	Heyer
Pamela Renter	Madsen
Kim Roehrs	Moore
Leslie Roux	Gordon
Debbie Schmitz	Van Noy
Susan Schouboe	
Candace Schroeder	Heindryckx
Gayle Selders	Johnson
Susan Sisel	Kotera
Karen Spader	
Deborah Spring	Drake
Mary Staehr	
Faye Stander	Weckle
Roxanne Stappert	Stanard
Pat Storrs	Wing
Irene Kemper	VonSpreckelsen
Nancy Vontz	Kubes
Linda Wagner	Bowling
Pamela Zurcher	Robertson

Class of 1978

Timothy Arthur	
Barbara Bard	Sittner
Janice Bartos	Tate
Lou Anne Blaikie	Danielson
Kim Bohy	
Margaret Brendel	Lichti
Mary Breunig	
Christie Campbell	Grossman
Patricia Chaloupka	Prentice
Julie Clark	Twiss
Judith DeGraff	
Patricia Dehning	Johnson
Cynthia Divis	Glaser
Deborah Dubas	Jeffres
Julie Dyer	Ahlman
Lu Ann Ebke	
Lorraine Edwards	
John Estabrook	
Annette Feddersen	
Rebecca Forsman	
Joan Fuss Brown	
Sharlotte Gobber	Veburg
Sarah Green	Barth
Kimberly Guilford	Bretting
Aletha Hartwig	
Patricia Haun	Anson
Teresa Hergott	Kalkowski
Marie Herrman	Andersen
Leah Hornig	Walker
Carol Janecek	
Ann Johnson	Troester
Janet Kalvoda	Rein
Connie Kaps	Mohatt
Sheryl Kilgore	Duff

Class of 1978 (con't)

Karen Kurbis	McClure
Nancy Sue Lassen	
Patti Lindley	Ahlers
Mary McElfresh	Hultman
Marilyn McGauley	Acuff
Linda McHatton	Krajewski
Diane Merchen	Brozek
Becky Meyer	Grimes
Carol Monson	
Nancy Morgan	Orsborn
Anita Myers	King
Diane Nelsen	Cowden
Paul O'Connell	
Becky Olson	Van Renan
Kristi Otto	Eden
Mary Packer	Cravens
Nancy Peterson	Wright
Marcia Reiss	Friesen
Kathleen Retzlaff	Reinke
Connie Rikli	Ganz
Gwen Roesler	Pape
Brenda Rohrig	Carder
Connie Schauer	Hansen
Debra Schwaninger	Topp
Debra Sindt	Walton
Diane Singleton	Kopf
Janet Sjogren	Barger
Suzanne Stolman	Cummings
Jeri Theobald	
Virginia Turley	Spanner
Laura Umberger	Harvey
Kathleen Wallace	Frost
Sherri Wardenburg	Breyer
Evelyn Watts	Bals
Patricia Welch	
Renea Winfrey	Hogan
Christy Zlatkovsky	Teator
Dorothy Zoller	Brueggen

Class of 1979

Jane Anderson	King
Carol Artz	Pearson
Karen Asbjornson	McConnell
Debra Baker	Lambert
Sherry Bittfield	Lueders
Tami Bohy	
Karen Buhr	Fletcher
Cristie Carmichael	
Stella Cook	Mundt
Marilyn Corning	Frohberg
Diana Cox	Severson
Nancy Crowder	Schmidt
Laura Eaton	Focht
Rita Ebke	Overton
Lori Fichtner	Fong
Cynthia Ficken	Bogert
Theresa Flamme	Baumert

Sue Fredstrom	Brandt
Kathryn Friesen	Weedin
Mary Beth Friesen	Buller
Christine George	Gillespie
Genalee Gibson	Hoxmeier
Sherene Goetz	McGee
Patsy Hart	Gleim
Janelle Hawks	
Cynthia Heimann	Pile
Lori Herrold	Kreimer
Joan Hoferer	Harder
Cynthia Jansen	Novotny
Jean Jelinek	Dau
Lydia Johns	Boehr
Debra Johnson	
Gwen Johnson	Stoll
Kathleen Johnson	
Sandy Johnson	Aflatooni
Nancy Jones	Reed
Kim Kilmer	Schied
Tonia Kroese	Mills
Debra Krueger	Hohlfeld
Holly Lamprecht	Didier
Marlys Lubben	Behrends
Kelly Lucas	Morrissey
Gay Lyon	Miller
Lois Malotky	Horst
Becky Meinecke	
Janet Mitchell	Bock
Diane Morton	Nelson
Janet Murphy	Koerner
Beverly Nelson	Rabe
Joan Nelson	Kunes
Loree Nelson	Kibbie
Nicole Nelson	Brown
Sharon Nelson	Karas
Delayne Peterson	
Lynn Pratt	

Patricia Radke	Dambrava
Karen Schmidt	Powell
Shari Schmidt	Knoth
Alyce Scott	
Joni Sherwood	Schmidt
Brenda Siebert	Friesen
Carol Sleckmann	Morin
Lynda Slaight	York
Susan Smith	Carahalios
Elizabeth Sommerhalder	Bania
Pamela Stock	Campbell
Miriam Thimm	Kelle
Colleen Tillson	Mueller
Chris Tomek	Fuchs
Pamela Tomek	Sunneberg
Bette Underwood	Tucker
Kristin Weiss	Saubertzweig
Patricia Williams	James
Pamela Wollenburg	
Teresa Wright	Finke

Class of 1979 (con't)

Kim Yoder	Goff
Nancy Young	Gwelo
Rita Youngquist	Rison
Lisa Zill	Peters

Class of 1980

Debra Aden	Hackbart
Rachel Bachenberg	
Debra Baehr	Bartholomew
Judy Bals	Sinkule
Debra Bartels	Burow
Tamera Beed	Kester
Sandra Beyer	Koozer
Lyle Bigley	
Sara Bish	Evenson
Phyllis Bouc	Emmerich
Donna Brown	
Cody Buscher	
Sandra Carlson	
Cinda Chesley	Kavurt-Chesley
Helene Churilla	
Judy Creech	
Debra Dahlberg	Hanzlik
Daniel Davidson	
Paula Deffenbaugh	Hull
Beverly Epp	Philippi
Mary Lee Fiala	Callender
Ramona Fisher	Boone
Connie Goff	Laney
David Hackbart	
Patrice Hester	Wilson
Susan Heussman	Olson
Mary Lynn Hiemer	Frey
Barb Holmstedt	Holmstedt-Mark
Jane Holmstedt	Scott
Kathleen Hughes	Jisa
Jolene Isom	
Marvel Ivey	Borden
Marilyn Janzen	Kroeker
Benita Johnson	Hahn
Kathy Jura	Dufek
Ann Kamino	
Debra Keller	Cunningham
Shelli Kolterman	Harris
Adelyn Kroeker	
Jaculyn Kroll	Walgren
Kristine Leatherman	Hall
Jody Lutjens	Driefurst
Deborah Magnusson	Wessale
Jody Mayberry	Delahunty
Robin McInnis	Hughes
Michele Myers	Jacobitz
Charise Oelling	Gentile
Dawn Organ	Pejsar
Mary Ann Ott	Eckery
Becky Palmer	Weber
Cindy Pearson	Bokelman

Joy Polacek
Melanie Reigier
Gail Rocker
Diana Rolfsmeier
Shari Roundsborg
Rose Schardt
Theresa Schmidt
Debra Schreiber
Barb Schulenberg
Sarah Schulz
Sandra Sildmets
Claudia Springer
Cynthia Steinacher
Lynn Stoll
Cindy Stolle
Phylis Sukovaty
Catherine Svoboda
Ann Sweeney
Clara Thursby
Patricia Tiedeman
Sharon Trabert
Julia Tracy
DeLois VanWinkle
Eileen Vrba
Patricia Wallace
Carol Weber
Cheryl White
Lori Wiegand
Cheryl Wild
Dana Wilson
Kristie Worth
Brenda Zabel
Mary Zoubek

Storm
Klute
Santi
Miller
Terry
Yankech
Curtis
Richardson
Pfiefer
Riggs
Lurry
Walford
Williams
Aaron
Baughman
Reese
Ver Linden
Alder
Bentzinger
Kagiyama
Urkoski
Johnson
Wilmes
Marshall
Schmidt
Popejoy
Chambers
Santa Olalla
Wainscott
Rempe
Homolka

Class of 1981

Katherine Anderson
Mary Kathleen
Barbara Auxier
Melissa Baker
Jackie Bates
Patricia Bednar
Susan Bendickson
Elaine Beum
Susan Bjorling
Beverly Campbell
Patricia Castro
Tammy Caudy
Connie Chatfield
Christine Cochrane
Myrna Connot
Debra Damlembing
Joan Duer
Rae Ann Eggers
Mary Evans
Lori Fallstead
Susan Findley
Kendall Fults
Arlene Goodman

Lange
Ashburn
Anderson
McKenney
Peters
Gillen
Smith
Levine
Ruybalid
Deisler
Lofing
Schaefer
Smith
Newman
Patton
Naber
Barnett
Fox

Class of 1981 (con't)

Guyla Gray	Leason
Catherine Lee	Greenfield
Kimberly Hennek	Hall
Marva Honea	
Joanie Johnson	Gubbels
Kristine Johnson	Sizemore
Pamela Johnson	Kreikemeier
Jackie Jordan	Anderson
Teresa Karnopp	Raun
Deborah Kastens	Schmailzl
Bona Jean Krahn	Joye
Carol Krassig	Myers
Darcy Kruse	Egging
Ronda Lippincott	Anderson
Cynthia Louderback	Piggee
Lori Lyman	Snyder
Wanda Miller	Schieffer
Paula Molzen	
Marlene Mullens	
Rhonda Olmsted	
Lea Ellen Osterhout	Logsdon
Roma Rasmussen	Chrisman
Lorre Rippen	Felker
Carole Rumsey	
Kathryn Samuelson	
Mary Lou Schlien	Reisdorff
Michelle Shannon	Hamel
Mary Stander	Bystrom
Susan Stein	Dietze
Patricia Stetson	Dean
Kathy Stratton	Grubbe
Kimberly Stutzman	Anderson
Bonnie Sullivan	Bixenmann
Bonnie Svoboda	Broeker
Kim Svoboda	Reeves
Laura Theis	Wiborg
Mary Throckmorton	Lowery
Diane Timberlake	Boughton
Jeannie Tomasek	Marquardt
Ann Tvrdy	
Susan Tvrdy	Spence
Mary Jo Wardyn	Colorafi
Elizabeth Willey	
Marilyn Wood	Vontz

Class of 1982

Marsha Ahrens	
Susan Backemeyer	Rorie
Julie Blake	Buell
Renee Boldt	Grams
Judy Bristol	Schernikau
Nancy Bundy	
Nancy Christensen	
Jani De Lay	Gentry
Bonnie Denkovich	Caniglia
Julie Drago	Cummings
Tamela Drain	Williams

Elizabeth Emile	
Barb Eriksen	Herting
Barbara Fish	Miller
Sharon Fisher	Smith
Laura Fox	Swartz
Patricia Furey	Lane
Gema Giese	Rihanek
Linda Grantski	
Lynelle Groteluschen	Byerly
Cheryl Harrod	Swett
Rita Hesel	Kment
Virginia Hielen	
Lori Hoffschmeider	Bruns
Lisa Hohlfield	Malone
Cheryl Huermann	Furse
Branda Ideus	Smith
Kimberly Jacobsen	Jardine
Susan Jacobsen	Synovec
Connie Jensen	Lindner
Joni Johnson	Ewalt
Mary Johnson	Nelson
Shelley Jordan	Harrington
Jayne Juranek	Christensen
Jill Kai	Lysgaard
Lynda Kittell	Wiles
Donald Lechner	
Linda Lehr	Tegler
Jeanette Lenners	Vitosh
Janet Lewis	Lewis-Weaver
Bette Lovell	Werts
Karen Maly	Selzer
Teresa Martin	Meints
Jill McGinley	
Rosanne McIntyre	Cunningham
Joni Meents	Learch
Jan Miller	O'Brien
Shelly Mills	Amsberry
Laura Niewohner	
Kathryn O'Brien	Renning
Cynthia O'Connor	Stark
Bettina Otten	Phillips
Susan Peterson	Herndon
Maureen Post	Stahr
Phyllis Potter	Bush
Jackie Prange	Oden
Susan Quick	Bradley
Monica Ruhnke	Marschman
Kathleen Ryan	Berry
Gwen Schindler	Beckman
Sheri Scott	Dawson
Deb Shoemaker	Bailey
Tracy Smejdir	Feeken
Corinne Stutzman	Schroder
Karen Tesina	
Barb Van Engen	
Lisa Vandegriff	Creason
Teresa Vandell	Hohensee
Kathryn Vlach	

Class of 1982 (con't)

Sandy Wieser	DiSomma
Barbara Woodside	Hedrick

Class of 1983

Lori Altman	Albrecht
Lisa Anz	Hornung
Jane Bell	Wernsman
Mary Blackburn	Mattox
Jacqueline Bodiford	
Shelly Bohlen	Kennedy
Brenda Boyce	Gilmore
Lynette Bueche	Thelen
Kim Burhoop	Troia
Brenda Bydalek	Sindt
Nancy Cozad	Newman
Ann Cunningham	Schnieber
Karen Dittmer	Teten
Melissa Doupnik	Leypoldt
Lori Fahshultz	Hardin
Leslie Faustman	Morell
Christine Feldt	Kunz
Cardi Fleming	Wild
Diane Friesen	Quesada
Laurie Fusselman	Valdiviez
Jeanie Gifford	Madsen
Laurie Gilbert	Weiner
Paul Gilmore	
Janel Glaze	Schmidt
Marcia Harre	Bade
Karen Hatch	Petersen
Patricia Henry	Karstrom
Maria Hernandez	
Billy Joe Hughes	
Kathleen Jensen	Jacks
Eunice Johnson	Rice
Karen Johnson	Rohde
Laurel Johnson	Stanosheck
Paula Johnson	Hartfield
Marjorie Jones	Nelson
Michelle Kilgore	Kendle
Jennifer Krause	Kaenal
Marilynn Krupicka	DeVries
Rita Kucera	Petska
Debra Larson	Ruhrdanz
Laurie Larson	Schlamen
Grace Lehman	Lehman
Lori Lewis	Zutavern
Kelly Linhart	Gifford
Joan Mark	Hoeselman
Janelle Miller	Andersen
Virginia Murray	Sullivan
Starla Oliverius	Cortez
Sue Palu	Johnston
Susie Peterson	Kelly
Lora Pfeiffer	Barrett
Patricia Reeson	Edwards
Mary Rainke	West

Tracy Reitz	Meister
Ellen Roach	Crist
Lisa Roesler	Loesch
Melanie Rohde	Shreve
Michelle Rowe	Nixon
Mary Schmucker	Simon
Leta Schrader	Friesen
Lisa Schroeder	
Nancy Siedhoff	Kohler
Julie Sinkule	Bacon
Todd Smith	
Kristi Spellman	Bertrand
Judith Stastny	Siedhoff
Denise Stithem	Hohensee
Michael Streeter	
Debra VerSteeg	
Sheri Vollmar	
Peggy Wasser	
Joanne Waters	Spaulding
Lori Weber	Schultz
Kristy Wendell	Kromberg
Anne Wilson	Kingsley
Rhonda Wilson	Hansen
Denise Wolken	Buss
Sue Worden	Brettmann
Susan Wright	Hottovy
Kelly Zutavern	Leonard

Class of January, 1984

Jacqueline Anderson France	
Jeff Bard	
Cherine Bartels	Parde
Martha Evans	
Lora Flowers	Flowers-Morotini
Cherie Gillespie	Kobza
Lisa Kastens	
Linda Logan	Bahe
Randy McDowell	
Starlet Premier	Klute
Deborah Zarek	

Class of June, 1984

JoAnn Ackley	Freeman
Nancy Backemayer	Bloomfield
Shelly Bals	Weilage
Renee Barnett	Olson
Mary Bartels	Erickson
Janet Beall	Key
Marcia Beasley	
Karen Beckman	
Melanie Blase	Bender
Sharon Blunck	Koepeke
Ronda Bohling	Eitzmann
Patty Boswell	Burke
Lori Brunkhorst	
Susan Burkley	
Rebecca Campbell	Pederson
Tracy Carothers	Coleman

Class of June, 1984 (con't)

Denise Choplin	Miller
Mary Creevan	Trauernicht
Lana Criner	
Carilee Criswell	Koenig
Jeanne Danek	
Michelle Dinnel	Powell
Erin Duggan	Pemberton
Lisa Ecklund	Wilson
Mary Engelhardt	Knabe
Karen Gasseling	
Nadean Gilbertson	Amen
Robin Heilman	Davenport
Julie Heins	
Pam Helgoth	Thompson
Susan Herrell	
Sandra Hopp	Fowler
Jeanne Huertz	Cook
Susan James	Joy
Carol Johnson	
Lanel Johnson	Fenster
Laura Johnson	Norwood
Mary Ann Juranek	Moutrie
Deborah Keithley	
Karen Kelly	
Christine Kess	Vuchetich
Kristin Knopp	Tang
Elizabeth Koepke	Hoffmeyer
Karla Kozisek	Scholl
Debra Krueger	
Laurie Larson	
Lori Lawson	Medlin
Robin Lichtler	Howell
Tawna Lien	Gardels
Deb Lindsey	Brunkhorst
Lori Lord	Strong
Karolyn Marshall	Milliken
Patrick McCabe	
Cheryl McClimans	
Patricia Meyer	Peterson
Carla Pfister	Trout
Shirley Prochnow	
Chris Rech	Mitchell
Marcia Richards	Bohlke
Traci Rising	McDowell
Kristy Sanders	Smith
Tami Sasek	Steinman
Nancy Sauter	Hanson
Kerry Schallau	Fisher
Diane Schnoor	Wapelhorst
Judith Slepicka	Oliva
Diana Smith	Hankins
Shari Smith	
Regina Tempelmeyer	Klone
Debra Terrell	
Roxanne Trimble	Herman
Allison Urborn	Raich
Karen Veskrna	Roth

Susan Volkmer

Lynn Ward

Kathy Easley

Linda Willats

Ellen Witulski

Messman

Wilkinson

Dashiehl

Mohling

Class of January, 1985

Karen Blake	Daly
Denise Buller	Ehler
Roberta Clark	Daugherty
Jeanine Everts	Neihardt
Lee Gartner	
Cathy Hill	Clare
Louis Lemon	
Debra Nelson	
Nancy Pine	
Kristy Scheidt	Dillon
Virginia Schweitzer	
Joyce Smith	Lerdahl
Anna Stejkal	
Annette Thieman	Gahan

Class of April, 1985

Tracy Jameson	Ludwig
Deborah Leckenby	Peck
Susan Petersen	Arnold
Jane Schanderd	Schuller
Teresa Scholes	

Class of June, 1985

Michelle Alt	Hunter
Janelle Boldt	
Christina Colgan	
Beth Cosgrove	Murphy
Barbara Cyr	Troyer
Beth Ellison	Philson
Patty Essink	Peters
Jill Fingeret	Newberry
Denise Geistlinger	Doolittle
Cheryl Goff	Finck
Yvonne Hansen	
Melissa Hergenrader	Jones
Jacque Inbody	Kixmiller
Sue Kadavy	Hrnicsek
Jenny Keep	Spaulding
Shelly Kohl	Monter
Susan Landstrom	Rieker
Jacqueline Langdon	Moline
Colleen Lauck	Wurst
Sheri Mangels	Paneitz
Patrice Maulden	Kepler
Amy Mayberry	Sytsma
Tracy Mitchell	Klein
Lori Oshner	Birdzell
Susan Pavel	Morin
Lisa Peters	Kendle
Connie Reha	Janicek
Deena Schernikaw	Johansen

Class of June, 1985 (con't)

Jacqueline Vrzak	Neal
Lisa Young	Norton

Class of September, 1985

Kenda Anderson	High
Anne Armstrong	Krause
Karen Braun	
Ann Bray	McConnell
Christine Jonas	
Lori Lienemann	Horner
Kim Sherrill	Heying
Shelley Sieler	
Jeanne Van DeWalle	Wolken
LuAnn White	Coffey

Class of November, 1985

Claire Baker	Brown
Patricia Callahan	Kruger
Michaela Downey	Hunt
Jana Harter	Densberger
Lonna Hartmann	
Judith Huffman	Schoeppner
Susan Jackson	
Stacy Johnson	Emmons
Timothy Johnson	
Patricia Kenney	Kenney-Hilger
Elizabeth Majorins	Meyer
Susan Reed	Gifford
Barbara Reimer	Jensen
Kathleen Tesina	Nelson
Randy Urkoski	
Kim Wakely	Sobolik

Class of January, 1986

Julie Haberman	Crist
Lisa Hahn	Gies
Donna Magden	
Julie Sigona	Headley
Kathleen Sullivan	Ridgeway

Class of March, 1986

Ruth Carstens	Frerichs
Peggy Gaube	Confer
Laura German	Coniglio
Richard Harder	
Tonia Horatmann	Smith
Sigurd Jacobson	Hansen
Lynn Packard	Knight
Patricia Robinson	
Kim Truesdell	Kava
Ann Wakefield	Roesler

Class of June, 1986

Andrea Aksamit	Lonowski
Cindy Brennfoerder	
David Brown	

Gail Diebler	Byrd
Susan Dier	Blumel
Linda Dunn	
Lori Easton	

Valerie Holt	Walter
Georgia Jensen	Oehlert
Michelle Kelly	Lewis
Kristine Nehe	Kuehn
Rebecca Rapp	Kautz
Colleen Remmers	Nieveen
Tammy Roper	Grottke

Joan Ruyle	
Terri Starck	Black
Kate Szalawiga	Smid
Gwen Victor	Allemann
Kay Von Seggern	Hincker
Jamie Walwood	Prange
Dena Worrell	DeBoer

Class of August, 1986

Eva Adams	Lenhart
Karla Anderson	Geist
Joan Bals	Stuchlik
Julie Behrens	Klosterman
Carmen Brugh	Heft
Ronda Carlson	Maddox
Julie Cloeter	Stumpfl
Gary Cuddy	
Vicki Fort	Norton
Anne Glenn	Hamill
Denise Hall	Martineau
Jerrilyn Hiebner	Janzen
Carol Johnson	Wingler
Robin Myers	Brinkman
Ashlyn Sackett	Conover
Melody Weiler	Overstreet
Mickie Werner	

Class of November, 1986

Carol Atkinson	Lif
Cindy Broekemeier	Peters
Christine Buresh	Peterson
Jacqueline Gardes	
Cheryl Hines	Reesman
Dawn Kresak	Baxa
Scott McKibbin	
Susan Plautz	Patt
Bryan Pond	
Khristy Van Bibber	Long
Cindy Wabs	Lee

Class of January, 1987

Christine Anderson	Swanbom
Kay Baumfolk	Elting
George Brown	
Monica Carlow	Vandergriend
Susan Davis	Seckman
Kelly Fields	

Class of January, 1987 (con't)

Brenda Hiskey	Reed
Terri Hunter	
Ann Mc Cashland	Kirby
Rick McKinney	
Carol Morris	Balthazor
Gladys Petersen	Lake
Kathleen Schon	Prochaska
Teresa Tillman	
Kristina Toms	Felix
Lisa Wheeler	Juilfs
Marletta Younger	Stark

Class of March, 1987

Deborah Bigalk	Wermers
Eve Hogue	Boyd
Kelli Holachek	
Donna Roth	Smith
Susan Shaw	
Vicki Yost	Meyer

Class of May, 1987

Carol Ahlers	Ahlers-Roth
Susan Akers	Wilson
Michelle Allerheilgen	Peltzmeier
Joan Bartling	Schlender
Julie Bohling	Jaros
Kathlene Corbett	Folkerts
Becky Florom	
Katheryn Howe	Kathe
Kim Kahler	Uribe
Julie Nelson	Liesemeyer
Anne Nimmich	
Judy Pearce	
Catherine Sukup	Nutting
Kimberly Thomas	Pfingsten
Vickie Wolken	Wenzl

Class of August, 1987

Becky Bushboom	Johnson
Lori Cantral	
Teresa Gilbertson	Noel
Debra Hamilton	Parker
Joan Hartman	Nienhueser
Dassie Kisart	Burch
Sheila Krofta	Vrtiska
Jenny Meradith	Obermier
Debra Lynn Policky	
Jana Ruhge	Uryasz
Christine Szalwaiga	Magnuson
Julie ten Bense	Wright
Cynthia Tvrdy	Sherry

Class of November, 1987

Eric Hoelsing	
Vicki Kerwood	Lyons
Beth Nelsen	

Holly Krieser	Wagner
Kenneth McKinney	

Class of January, 1988

Jody Albert	Oltman
Kim Backes	King
Stephanie Dierks	Upp
Lisa Feeken	
Laurie Fox	Duvall
Martha Howe	
Kristine Howell	Cole
Wilbur Jauken	
Kristal Kracht	Carlson
Carol Kruse	Jennings
Shelly Mikesell	Andre
Elizabeth Nespor	
Tomoko Ohkawa	McEwen
Jill Ridgeway	Wells
Katherine Ruge	Genrich
Trisha Schmal	Gealy
Lynn Swanda	Hummel
Kandas Wood	Renshaw

Class of May, 1988

Linda Bailey	Maurer
Ann Bodensteiner	Mayer
Tereasa Bose	Lennemann
Rita Carlson	Walz
Cara Conn	Shell
Brenda Ellis	
Tammi Fleming	Hemje
Cynthia Fruchey	Goodrich
Mary Greer	Steinhausen
Patricia Hansen	
Anne Hunter	
Lisa Kinnison	Kuhl
Jennifer Korinek	Preston
Cheryl Mattley	Bleach
Carol McMillan	Fielder
Constance Metz	Phipps
Barb Miller	George
Barbara Newton	Jameson
Anita Orcutt	Groshans
Barbara Smethers	
Barbara Soukup	Florio
Christine Thiessen	
Renee Tillson	
Audrey Van Ert	Meier
Jeanne Warner	Hermelbracht
Janelle Wiese	Keller

Class of August, 1988

Denise Auxier	Schmitz
Catherine Brandt	Percival
Lisa Brecka	Hoeft
Katrina Davis	
Jodie Drummond	Bard
Cheryl Engel	McMurry

Class of August, 1988 (con't)

Constance England	Bush
Denise Epp	Kirby
Judy Finka	Pagal
Kimberly Hoffman	Reinhardt
Tarita Hottovy	Krafka
DeeAnn Jurgens	Cooper
Mendy Mahar	Mahar-Clark
Jacqueline McCray	Cornelius
Nancy Michl	Bergen
Amy Pokorny	Burrows-Brown
Rose Pope	Anderson
Diana Poppe	Moxness
Mary Beth Roth	Hankla
Wendy Schultis	Shes
Becky Templin	Robertson
Laurie Vlasin	Bellinghausen
Lorinda Wellage	
Marilyn Wenzhauer	Schweiger
Deanna Weyer	Kreitman
Janie Willey	Fralin

Class of October, 1988

Jeanine Cook	Worley
Dixie Kelley	Wright
Jacqueline Mendoza	McWilliams
Lynnette Payne	Skaggs
Ginger Schelling	Hinz

Class of January, 1989

Betty Berner	Fries
Jennifer Burianek	
Linda Hahn	Ziamba
Lynsay Hemsath	
Kelly Hinkley	Hoffman
Jill Jacobsen	Weinberger
Clover Merkel	Schultz
Aimee Scudder	Yokel
Diane Van Winkle	
Tammi White	

Class of March, 1989

Sue Ann Bowman	Tabatabai
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Class of May, 1989

Angela Anderson	
Ronda Arnold	Swanson
Erin Becham	Bushnell
Jennifer Birdsley	
Velda Brumley	McNitt
Barbara Dethlefs	
Tammy Gunn	Weihe
Kelly Hanzlik	
Jean Jery	Murphy
Jaquelyn Keller	Trojan
Dan Kramer	
Dana Murray	

Susan Ortmeier	Mandel
John Schomerus	
Machelle Witler	

Class of August, 1989

Cathy Albright	Nicholson
Treva Dose	
Trisa Gillham	Reber
Shirley Grubb	Keller
Michale Hagemeier	Vana
Shannon Hagemeister	Peterson
Laura Hanshaw	Parks
Lisa Karpisek	Messman
Amy Cleveland	Loontjer
Mary Ellen Morgan	Macomber
Kristine Neeman	Fosmer
Diana Stromberg	Morris-Hines
Jean Walgreen	Mink
Suzanne Weiss	Unvert
Victoria Welch	Blackwell
Katherine Wilhelm	
Rebecca Winsenburg	Wall
Kelly Zureski	Spenceri

Class of October, 1989

Sarah Jacobs	Bunger
Kathleen Metzger	Knoedler

Class of January, 1990

Jennell Barton	Dickinson
Shirley Boeck	Clobes
Cheryl Hawkins	
Kathy Hofacre	Houseman
Dawn Jenson	Odvody
Susan Johnson	Swierczek
Karen Krause	Bechtolt
Patti Langenberg	Clark
Connie Marquardt	
Camela Noonan	
Patricia Perrett	Powell
Melissa Reed	Wimmer
Theresa Stokely	May
Traci Walker	Oneka

Class of May, 1990

Beverly Hunt	Szalawiga
Dawn Friesen	Pankratz
Jillaine Moyer	Volker
Traci Nelson	Fahrenholz
Pamela Svoboda	Randall
Lenita Tvidy	Keane
Kay Wibbels	Budde

Class of August, 1990

Narda Ahrens	Daugherty
Jane Aschoff	Bilau
Leah Boston	Murgas

Class of August, 1990 (con't)

Sharon Chapek	
Diane Fahrenholz	Eckhardt
Christine Fehlhafer	Dudley
Leah Graham	Nutter
Kathryn Hawk	Denker
Amanda Holtorf	
Marlene Malone	Walenta
Wendy Nelson	Hoins
Edward Palmer	
Brenda Sanders	Meek
Vickie Sinn	Pfeifer

Class of January, 1991

Amy Bauman	Nussbaum
Toni Beckwith	Christensen
Barb Gaspers	Hrabanek
Melanie Gatzemeyer	Surber
Sharon Harris	Nutt
Cheryl Horst	
Mitchell Krueger	
Marilyn Langer	Buck
Brenda McDowell	McLoud
Joyce Miller	Witulski
Marcia Miller	Arthur
Kelli Van Valkenburg	Stott

Class of March, 1991

Julie Durst	Kelley
Andrea Schmidt	Farwell

Class of May, 1991

Kimberly Adams	Miller
Debra Amen	Bewley
Jeanette Baker	Hennerberg
Jody Cosimano	Searcy
Joann Kay	Friesen
Christine Hilger	Bartholomew
Patricia Karas	Fisher
Suzanne Martin	Miller
Shelley Melichar	Waddell
Jodi Peters	Fuehrer
Wendy Rine	Klepper
Jacquelyn Sander	Crosier
Carol Lynn Vang	Busch

Class of August, 1991

Shannon Avery	
Becky Bauermeister	McCarthy
Martha Bayley	DeNell
Michele Casey	
Judith Cool	Jones
Virginia Crounse	Benker
Tamora Decker	Luchini
Melanie Ebke	
April Hernoud	Fitzgerald
Robin Hogan	

Bridget Johnson	
Sarah Junkans	Harms
Christine Kaup	
Barbara Lemons	Kreifels
Patricia Lever	Demuth
Jennifer Luke	Bartels
Nympha Miguel	
Shelly Poppe	Luger
Sandra Quick	Fitzgerald
Peggy Raney	Dunlap
Carol Rolf	Wurdeman
Patricia Schmit	
Kelley Zook	

Class of October, 1991

Douglas Burton	
Debra Emerson	Emerson-Sedlacek
Kimberly Kempkes	Paolini
Thomas Marx	

Class of January, 1992

Sheri Brahmstedt	Bellows
Jacalyn Clark	Beau
Terri Doerr	Rose
Lois Ellingson	Davis
Jean Fitzgerald	Jurgens
Steven Hogan	
Kelly Jarchow	Maronde
Sandra Knopp	Deschane
Christine Lambie	Wagner
Cynthia Landstrom	Craft
Ronda McCord	
Peggy Messman	Fouts
Dawn Miller	Vanarsdall
Stephanie Moore	Giesmann
Staci Nolte	Ramsey
Susan Perlinger	McLaughlin
Mary Pierce	Woofter
Amy Santin	Mancini
Rhonda Wickwire	Stubbs

Class of March, 1992

Stephanie Childers	Krause
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Class of May, 1992

Rondalin Combs	Hennerberg
Kristy Friesen	Epp
Joyce Giesmann	Hestermann
Scott Lukkes	
Nadine Martin	
Laurel Wilson	

Class of August, 1992

Amy Anthony	
Candy Babcock	Springer
Bret Bare	
Tracy Bartlett	DuPont

Class of August, 1992 (con't)

Holly Eckstein	Patterson
Susan Erwin	Dittmar
Tricia Herzog	Wachter
Carolyn Jenkins	Burd
Barbara Johnson	Brill
Corrine Johnson	
Jolynn Johnson	Leader
Susan McConnell	Von Bergen
Kailey Uden	Klein
Katherine Ward	

Class of October, 1992

Roxanne Divoky	Cervený
Deborah Edwards	Freeborn
Jessica Hatcliff	Hatcliff
Rachel Jaeger	Havlik
Terri Knoble	Pesek
Susan Richard	Graves
John Tiedje	

Class of December, 1992

Janet Barton	Vermeer
Cynthia Berns	Williams
Amy Bruns	Frederick
Lisa Hessheimer	
Dawn Kelly	Benes
Russell Kildare	
Helen Michler	Martin
Pamela Mueller	
Colleen O'Brien	Farnik
Amy Palu	
Sandra Philson	
Lisa Ranslem	
Gail Shiba	
Jacqueline Tichota	McShane
Diane Uttecht	Brehm
Karen Vontz	Ackermann
Kristin Wood	Miller

Class of March, 1993

Karla Buhr	Carstens
Valerie Hass	

Class of May, 1993

Marjorie Andrick	Johnson
Christyne Bachman	Johansen
Toni Bedlan	Atherton
Natalie Blair	Plock
Krystal Bors	Hays
Deanna Branting	Veik
Carol Burns	Clark
Theresa Christen	Brown
Mary Collins	Hoier
Nadine Huber	Meyer
Pamela McArtor	Neujahr
Tammy Mericle	Baumann

Joyce Namechek	Ritchie
Brian Schroeder	
Valarie Smith	Halpin
Judy Stafford	Rowden
Shannon Stock	Kuntz

Class of August, 1993

Jennifer Emry	
Erika England	Haning
Shanna Fritter-Clough	Bigsby
Kimberly Gould	Kasten
Lois Hutchinson	
Timothy Kelly	
Angela Largent	
Jodi Ludwig	
Lynn Lungren	Schroeder
Julie Spath	
Jill Stelling	Bergmeier
Jeannie Tucek	Ernst
Dennis Wright	

Class of December, 1993

Sonya Aupperle	Rising
Jan Bruner	Lundquist
Monica Carey	
Catherine Day	
Sara Eltiste	
Michele Epp	Ott
Cheryl Findley	Kisling
Amy Fritzen	
Connie Gyhra	Kostecka
Tova Harre	Rathbone
Dannelle Line	Hadwiger
Tawni McKinney	Howard
Carol Odell	
Melissa Pariset	
Brenda Plas	Hofstetter
Tracy Policky	
Jennifer Schaefer	
Suzanne Spilker	
Steve Spratlen	
Helen Zavislak	Brownell

Class of March, 1994

Jodi Choppy	Wozniak
Deb Jones	Hruby

Class of May, 1994

Deborah Albers	Hassenfelt
Linda Balderson	Monroe
Julie Ehler	White
Deann Focher	
Alona Fuller	
DeeAnn Gange	
Melissa Heidemann	Schultis
Deborah Janky	
Freda Johnson	Romine
Brandi Jordan	

Class of May, 1994 (con't)

Stephen Kahle	
Christine Knobbe	
Kathleen McDonald	Mizner
Helen Miller	Bernbeck
Christine Plummer	Schafer
Janelle Remmers	Ideus
Janet Ruhkamp	White
Kelli Ruhl	
Shannon Sikes	Christensen
Jenny Sojka	Adams
Judy St. John	Stohlmann
Katherine Tempelmeyer	Heng
Laurie Uden	Pulver
Teresa Sasse	
Michael Warner	

Class of August, 1994

Kimberly Beam	Hulsing
Lorrie Bitter	
Rachel Ewert	Shinabarger
Brenda Herrick	
Tracy Holsing	
Cinda Jourdon	Zimmer
Brenda Kankelfitz	Halstead
Ashley Kremers	Houser
Ra'Londa Lewis	Byre
Amanda Naumann	Orcutt
Justin Petersen	
Stephanie Petersen	
Jamie Peterson	Hansen
Rachelle Rut	
Jami Schmearsal	Kinnan
Carrie Vifquain	Eppens

Class of October, 1994

Patricia Andes	Westerfield
Karrie Lyn Anthony	
Kelly Bushnell	O'Flaherty
Amy Gladem	Fisher
Jennifer Gottsch	
Teresa Hust	
Wendy Jodry	Mason
Stacey Johnson	
Bradley Kinnan	
Kelly Knapp	Lorenson
Bridget Liming	Brodecky
John Linder	
Debra Metzger	McCurdy
Carmen Reeves	
Amy Rucker	Hunt
Christopher Tompkins	

Class of December, 1994

Susan Chapman	
Dawn Ebberts	
Deborah Fox	
Jaimi Hahn	Calfee

Connie Hayek	Elliott
Cynthia Jarrard	Wade
Brenda John	Baker
Judith Kasl	Apfelbeck
Deborah Linhardt	Roth
Rolaine May	
Lana Miller	Keller
Jolanta Mituro	Derr
Jamus Mudloff	
Andrea Nutter	
Paula Ortiz	Hoage
Donna Otto	Shepherd
Cindy Sigwing	Lenahan
Shari Spitz	
Amy Strong	Wright
Ronda Urkoski	
Jeffrey Vonfeldt	
Terri Walton	Roseberry
Angela Witherspoon	Northrup
Pamela Wright	
Enette Zinnel	

Class of July, 1995

Julie Alpaugh	Moore
Laura Bebb	DeBoer
Jami Betz	
Amy Boysen	
Audra Claussen	
Guila Dunning	
Angela Dwyer	
Anita Erickson	Lambie
Glenn Evans	
Jon Fitzke	
Kristin Gansebom	Wortman
Michelle Heidemann	Shepard
Josh Hill	
Lucinda Hoffman	Ridder
Jennifer Jaros	
Linda Johnson	
Susan Kuhn	Ferrell
Kathy Kunkle	
Sherri Luedke	Halferty
Susan Madsen	Loffing
Lisa Nixon	Brauch
Cindy Peters	
Carla Prange	
Linda Reimers	
Elizabeth Reiners	
Rebecca Ruch	Stominski
Carissa Sauer	
Ramine Sawal	
Jenny Spidell	Shane
Martha Thomas	
Bernadette Unanka	Ezike

Class of December, 1995

Cindy Armstrong	
N. Ann Butcher	Sampson

Class of December, 1995 (con't)

Charlotte Compton	Jurgena
Susan Crowley	Murphy
Amy Cutright	
John Fahrnbruch	
Josi Foley	Zito
Cristina Hasenkamp	Hain
Barbara Huber	Saum
Roxanne Hunt	LaRue-Wiebe
Diane Johansen	McNeese
Marsha Long	Bristol
Colette Mihm	
Lisa Peppie	
Cherilyn Reeg	
Kelli Semin	
Mindy Smith	
Melanie Sperber	
Amy Steinbeck	
Vicki Sydik	Finney
Angela Varone	Varone-Fox
Deborah Waldo	Thompson
Connie Walters	Baehr
Angela Whitlow	Swantek

Class of July, 1996

Jill Able	
Carolyn Aukerman	
Jeanne Bergmeier	
Virginia Brase	
Teresa Coleman	Nieberding
Tami Divoky	
Michael Epp	
Jamie Feerhusen	
Diana Fleming	
Angela Franz	Friesen
Janet Fuhrer	
Connie Gates	
Betsy Hall	
Susan Harness	Krenk
Tammy Hasenkamp	Menninga
Kate Huffman	
Jill Huxoll	Hill
Erika Knehans	Nelson
Faye Kucera	
Kristene Lampe	Ramer
Colleen Moss	
Carol Neukirch	Wright
Mary Nordhues	
Peggy Persell	
Stacy Robinson	
Shawn Root	
Tricia Rychecky	
Kimberly Steiner	
Dawn Trauernicht	
Sandra Ward	
Kimberly Wiens	
Kendra Workman	
Dawn Zabokrtsky	

Class of December, 1996

Mary Jo Bauer	
Kimberly Bax	
Jennifer Beebe	
Nicole Bettger	
Debra Brockman	Custer
Jennifer Case	
Kari Dodd	
Shirley Fusby	
Suzanne Hale	
Heidi Hruza	
Jennifer Jelinek	
Jade Kildare	
Darrah Leonard	
Jennifer Lipovsky	
Tammy Lisec	
Shonda Mans	
Angela Meyers	
Sara Milligan	
Lisa Molzer	
Melissa Novotny	
Patricia Schilf	
Tasha Stuhr	
Jeralyn Knopp VanSickle	

APPENDIX I

Bryan School of Nursing Song and Other Bryan Songs

Bryan Song

Remember the times you've had here,
Remember when you're away
Remember the friends you've made here
And don't forget to come back some day.
Remember the trials and hardships
The pleasant memories, too
For you girls belong to Bryan
And Bryan belongs to you,
Belongs to you!
(Myrtle Dean, 1937)

Oh! Training-School

Oh, Training-School, Our Training-School
We'll loyal be to thee
We love thy name in word or song
And true we'll always be.
Oh, Training-School, Oh, Training-School
We keep thy standards high
Work with the rest to make the best
For our hopes in thee lie.

We'll always try to do our best
We'll ever loyal be,
In all our work we'll never shirk
So all the world may see
We're trying hard to prove ourselves
E'er worthy of the aim
We're working not for worldly fame
But only for thy name

Oh, dear old school you are a jewel
For which we'll try to be
Kind and true in all we do
After we leave thy rule
Oh, Training-School, Oh, Training-School
We've built our hopes on thee
And where e'er we go, we'll always show
That we're still true to thee.
(SON Scrapbook, 1926-1943)

Bryan Memorial

Oh! Hospital Bryan, how we hurry to thee,
Like a hurt child to its mother's breast,
When sickness and pain assail us,
And the nights can give us no rest.

Where sweet little nurses,
How like butterflies they speed,
To grant our every need or notion,
And often times not so very much need.

And the doctors, how much awe expect of them
And they deserve our every confidence
For they are good and efficient men
Thank you Bryan Memorial for thy fine hospitality.
(Mrs. Tillma) (School of Nursing Scrapbook, 1926-1943)

Fairview Home

Fair is the view from Fairview Home
Where our fondest dreams come true
Thy weathered walls from earth to dome
Inspire our service true.
Around our hearts enfolding all
You weave a pattern clear.
Oh, that we too might follow thy call
An endeavor for you--My dear
Love is a loom and truth the thread
To weave this web sublime
Each hour we live we feel no dread;
But test our weave by thine.
So leave with us thy spirit fires
That through the ages burn.
In all our hopes and our desires
To serve as from thee we learn.
Mary Kirkpatrick 1939
Ruby Harkson 1938
(Bryan Memorial Hospital SON, 1941-1942)